# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4200

04788

-		
1.	a. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)  o. STATE  b. COUNTY  Coroline
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest lown) EASTON. 2 days.	Denton Rt 2-Box 106B
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION	05 X -2 ON A FARM?
	EASIN Memorial press.	
3.	NAME OF DECEASED (Type or print) Ethel Alice	Bateman DEATH April 18 1961
5.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . B.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   lost birthdoy)   Manths   Doys   Hours   Min.
4	Temale 1/2940 WIDOWED DIVORCED	1-6-89 Manths Doys Hours Min.
100	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State as foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working (ife, even if retired)	manyland 116A
13.	HOUSE WIFE DOMESTIC	14. MOTHER'S MAIDEN NAME
1	Elleralle Real	MARGARET Standford
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	ORMANT A Address
	(Yes, no, or watcown) (If yes, give wor or dotes of service)	
	- 20-01-1872 No	ndolph Johnson, Henlon, Mix
	18. CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	il hope chair
	LA DUE TO /	-41
	Conditions, if any, which is the Conduct	francisco Carr
	gave rise to immediate	
	lying course lead	
z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ICATION	O FAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERORMED? YES ENO
CERTIF	206. ACCIDENT WAS UNDERLYING []   206. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I ar Port II of item 18.)
EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ED	Hour a.m. While Not while facts	ary, street, affice bldg., etc.)
Z		
-	21. I certify that (1) (this hospital) attended the deceased fram	
		ath accurred at 12th, from the causes and an the date stated above.
-	22a. SIGNATURE COURTS AND MANAGEMENT MANAGEM	D. ATTENDING MED. STAFF PHYS PHYS
	22c. PHYSICIAN'S NAME (Type) F. C. H. SCHTTICHT	To Story Maryland.
236	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town, or county) (Stote)
1	DEMOVAL (Specify) 41/22/6)	Co . Dot PAD AND
24	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24.	ADDRESS TO ADDRESS	2.50
16	Selfer of the and I relation	VIA 13 DATE APR 21 '61 Outling & House

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 eral director, may be relatived the hospital or attending physician.

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by the eral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

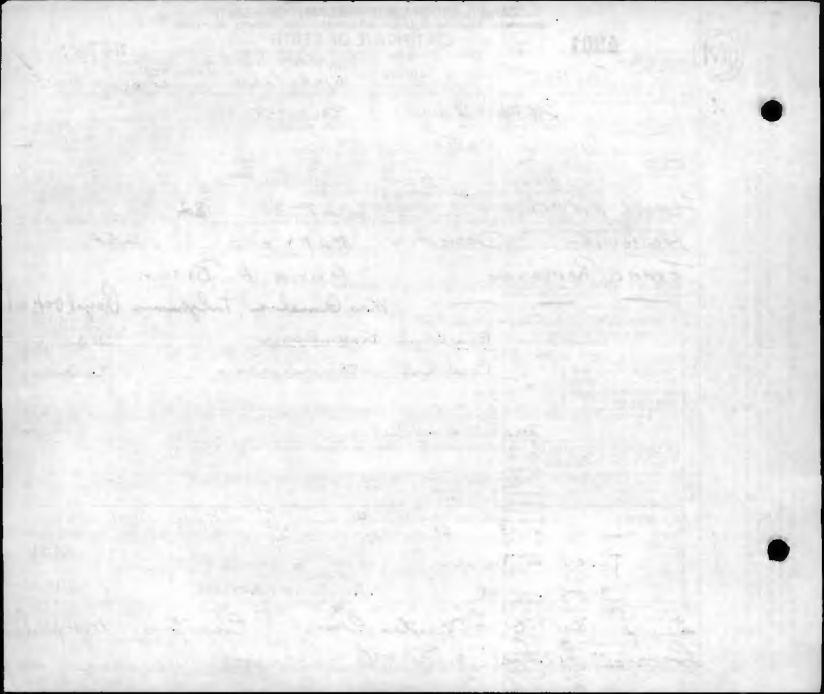
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VR A15 (4) ISM 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — RAITIMORE 1 MAR

1	4801	CERTIFICAT	E OF DEATH	OKE I, MARILAND	04720
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ASTOW.	MARYLAND  MARYLAND  ENGTH OF STAY IN 16  2 days	O. STATE MARY/A	deceased fived. If institution b. COUNTY Country Count	Lucen Anno
	d. NAME OF HOSPITAL (IF not in hospital, give street addre OR INSTITUTION MEMORIAL HOSP	ital	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
3. 5.	TECEASED (Type or print)  5. SEX  6. COLOR OR RACE TO MARRIED TO WIDOWED TO	DIVORCED	BROWN.  DATE OF BIRTH  L-28-8	8 728 pirthday)	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done of work done of working lite even if refired)  TOUSE WITCH TO THE TOUR OF THE PROPERTY OF THE PR	mestic	11. BIRTHPLACE (State of	ind	12.CITIZEN OF WHAT COUNTRY?
	TYANK KOPINSON  IS. WAS DECEASEDEVER IN U. S. ARMED FORCES?  If yes, give wor or doles of service)  If yes, give wor or doles of service)	AL SECURITY NO. 17. IN	Anna or. ameli	A. Brow Addre	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  Conditions, if ony, which (b)  DUE TO  Lying cause lost.	rebral t	hrombosis	rosis	Unseroura
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	tillsm w	NOT RELATED TO THE TERMIN  (Enter nature of injury in Pa		19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CER		OCCURRED 20e. PLA Not white at work	CE OF INJURY (Home, farm, lary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospital) attended to saw the deceosed alive an 4/13 220. SIGNATURE Robert W. Trans	1961, and that de		M, from the couses onc	19 / that (1) (we) last on the date stated above.
	22c Physician's NAME (Type) Robert W. Trever	M.	22d. ADDRESS	Maryland	4/15/61
	236. BURIAL, CREMATION, 236. DATE THEREOF 236.  REMOVAE (Sprity)  24. FUNERAL DIRECTOR'S SIGNATURE	NAME OF CEMETERY OF	Cem.	23d. LOCATION (City, town, or BY REGISTRAR 25b. REGIS	maryland
1	Comes & Dachell	Rolm m	DATE DR	1 0 '61 G.U	9-2-H



r. Pege

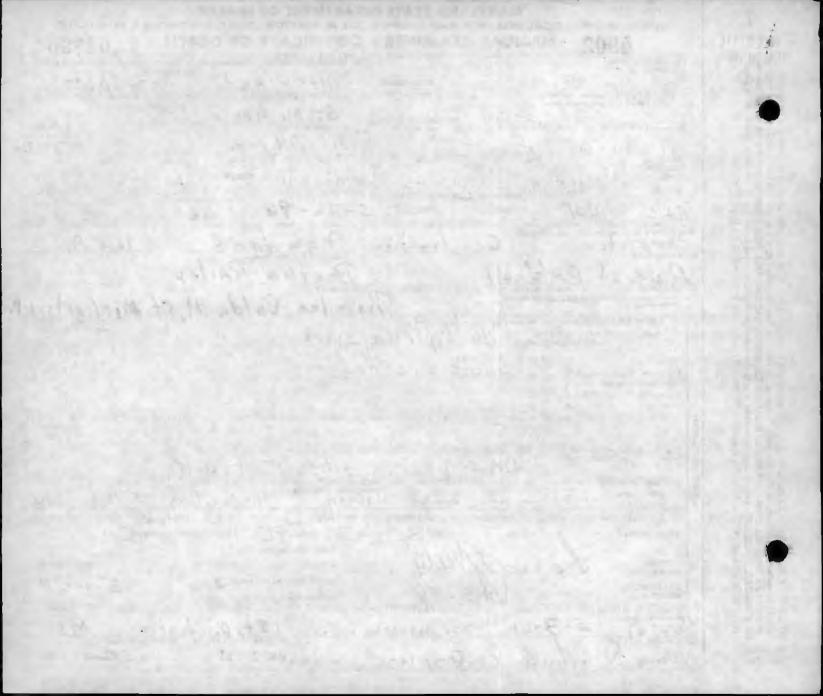
TO DEPUTY MY CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is made please execute the Artificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral distanced to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effer death. VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

PLACE OF DEATH		4802	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	04790
B. CITY OR TOWN IT cutions exposure limits, write RURAL and give mensate flower)  J. CITY OR TOWN IT cutions exposure limits, write RURAL and give mensate flower)  J. STAN J. J. L. LENGTH OF STAY IN 10  J. STAN J. DATE  J. J. J. J. J. DATE  J. J. STAN J. DATE  J. J	1.		. —		2. USUAL RESIDENCE		Rasidence bafore admission)
St. Mark OF HOSPITAL OR INSTITUTION   Prof in begins, give sinas eddress    St. Michael   St. Mich		1A/ba	,T		MARYA	nd th	albot
d. STREET ADDRESS.    A. STREET ADDRESS.   A. STREET ADDRESS.			rporeta limits, st lown) T	e. LENGTH OF STAY IN 16	p. 1 1		and give nearast lown)
NAME OF BEEN SET TO LAND THE STORY OF DEATH WITH A STORY OF DEATH WITH A STORY OF DEATH WITH A STORY OF DEATH O	15	d. NAME OF HOSPITAL OR INS	THUTION (if not in hospit			De S	
DECERSED (Type or print)    The Man   C	1	MemoRIAL	Hosp:	tal	119 Dobs	on 1	
5. SEX    G. COLOR OR RACE   7, MARRIED   B. DATE OF BIRTH   9, AGE   IN   INFORMATION   INDIVIDUAL OCCUPANTION   INTERVAL BETWEEN ONSET AND DEATH   IN	3.	DECEASED / /	First	- Middle O	1 Last 11 4.	OF /Y	Dey Year
10. USAL OCCUPATION (Give kind of work good unity month of work index of work good during most of wayking life, was if relirad)  10. USAL OCCUPATION (Give kind of work good unity most of wayking life, was if relirad)  10. WISO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Seels or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. FATHER SAME  14. MOTHER'S MANDEN NAME  15. WAS DECEASED EVER IN U.S. ARRES FORCES? (Vist, no, or underwood)  16. CAUSE OF DEATH (Enter only one cause par lips for (a),/(b), and (c), and the underlying of the part of the underlying of the underlying of the part of the underlying of the underlying of the underlying of the part of the underlying of the part of the underlying of the underlying of the underlying of the part of the underlying of the underlying of the underlying of the part of the underlying of the	5	001111	A-M /	homas C	Aldwell	uji,	29 1966
10. SUSTAL OCCUPATION (GIVE kind of work and down of the control o		Male Col			5-26-96	lest birt (day) Months	
13. TATHER'S NAME  14. MOTHER'S MAIDEN KAME  15. WAS DECEMBED EVER IN U.S. ARMED FORCES?  16. CAUSE OF DEATH [Enter only one cause par lipe for (al./bl.) and (c).]  17. WAS DECEMBED EVER IN U.S. ARMED FORCES?  18. CAUSE OF DEATH [Enter only one cause par lipe for (al./bl.) and (c).]  18. CAUSE OF DEATH [Enter only one cause par lipe for (al./bl.) and (c).]  18. CAUSE OF DEATH [Enter only one cause par lipe for (al./bl.) and (c).]  19. PART I. DEATH WAS CAUSED BY.  10. CONDITIONS (al. if any, which gave rise to immediate cause (e), which gave rise to immediate (e), which gave rise to immediate (e), w				O OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State or fo		TIZEN OF WHAT COUNTRY?
13. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT		CAMENTEY		nstruction	MARYIN	and	U.S. As
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   19. PART I. DEATH WAS CAUSED BY,   VIUI TIPLE   INJUNION     Conditions, if any, which gave rice to Immediate cause (e), staining the underlying DUE TO (c)   Conditions, if any, which gave rice to Immediate cause (e), staining the underlying Course lest.   OUE TO (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) 19. WAS AUTOPSY PERFORMEDY YES   NO EXAMINATE   OF CONTRIBUTING   DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.]   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.]   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II or Part II or Item 18.]   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part I	10	Die Sie L O	aldwall		14. MOTHER'S MAIDEN NAM	Roiler	
18. CRUSE OF DEATH [Enter only one cause part line for (al./fol.) and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rice to Immediate cause (e), standing the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO SEPTIMENT OF CONTRIBUTION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES DEATH 10. THE PART 1 (b) 19. WAS AUTOPSY PERFORMED? YES DEATH 10. THE PART 1 (b) 19. WAS AUTOPSY PERFORMED? YES DEATH 10. THE PART 1 (b) 19. WAS AUTOPSY PERFORMED? YES DEATH 10. THE PART 1 (b) 19. WAS AUTOPSY PERFORMED? YES DEATH 10. THE PART 1 (b) 19. WAS AUTOPSY PERFORMED? YES DEATH 10. THE PART 1 (b) 19. WAS A				OCIAL SECURITY NO. 17	NFORMANT	Addrass	`
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DUE TO  Conditions, if any, which gave rise to immediate cause (e), staling the underlying couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CO			1/1/1	1.1411	1 . Mat		
Conditions, if any, which gave rise to Immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe) 19. WAS AUTOPSY PERFORMED? YES NO NO NOT CAUSE WAS PERFORMED? YES NO NO NOT CAUSE OF DEATH.  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.  20e. TIME OF INJURY Month, Day, Year 2Dd, INJURY COCCURED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) Inspection of County (County) (Stete) Inspection of County (County) (County) (Stete) Inspection of County (County) (Count		IMMEDIATE		elipie in	Licvies		
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? YES NOW PERFORMED. YES NOW PERFORMED. YES NOW PERFORMED. YES NOW PERFORMED. YES NOW YES NOW YES NOW PERFORMED. YES NOW YES NO							
PERFORMED?  VES NO   20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of ilem 18.)  20a. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County)  While Not While I factory, street, office bldg., etc.)  P.m. 476 196 et work st work to the remains described above, held an Autopsy Inspection Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner  ACTUAL  SIGNATURE  EXAMINER'S NAME (Type)  22a. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CREMETERY OR CREMATORY  PRIMARY OF CONTRIBUTING OF COUNTY IN PORT I OF PORT II or item 18.)  PRIMARY OF CONTRIBUTING OF COUNTY IN PORT I OF PORT II or item 18.)  VES NO   YES NO   YES NO  YES NO   Y			(c)				
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY COCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete)    Shour erm	No	PART II. OTHER SIGNIFICA	NT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY COCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete)    Shour erm	2						
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ACCIUAL, ASSISTANT MEDICAL EXAMINER, ACCIDENT MEDICAL EXAMINER, ADDEDUTY MEDICAL EXAMINER	CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING CAUSE OF DEATH,	DESCRIBE	E HOW INJURY OCCURED. (E	inter neture of injury in Pert I or	Pert It of ilem 18.)	
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ACCIUAL, ASSISTANT MEDICAL EXAMINER, ACCIDENT MEDICAL EXAMINER, ADDEDUTY MEDICAL EXAMINER	3	20c. TIME OF INJURY Mon				20f. (City or town) (C	ounty) (State)
death resulted from: Natural causes Accident Suicide Homicide Undetermined manner  ACTUAL SIGNATURE DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED  EXAMINER'S NAME (Type) Address (Street, city, town, or county) Street St. Michaels Cem. St. Michaels Cem. St. Michaels Cem. St. Michaels Cem.	MED	5 p.m. 4				W. Easton T.	albot me
ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER DATE SIGNED  STAMME (Type)  Address (Sireet, city, town, or county)  220. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or country)  COLT 1 A C B C B C M C A C C M C.	1						and in my opinion
ACTUAL SIGNATURE AND ONLY M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEP		death resulted from:	latural causes	Accident Suici			
EXAMINER'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)  PREMOVAL (Specify)  3-3-6/  St. Michaels Cem. St. Michaels Md.			maria Di	Welly	ASSISTANT MEDICAL		DATE SIGNED
NAME (1796)  NAME (1796)  Address (Street, city, town, or country)  226. BURIAL, CREMATION, 226. DATE THEREOF  226. NAME Of CEMETERY OR CREMATORY  22d. LOCATION (City, fown, or country)  (Stote)  REMOVAL (Specify)  5-B-6/  St. Michaels Cem.  5+, Michaels Md.		The state of the s	111	4		AMENER DE	5-1-6-1
BALTIAL St. Michaels Cem. St. Michaels Cem. St. Michaels Md.	25	NAME (Type)	ATE THEREOE 2	E LIV	The state of the s	The state of the s	,
	1	DREMOVAL (Specify)	B-61			1 00 1 1	m d
ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	2		1 00			REGISTRAR   246. REGISTRAR'S	
Terry De obliell, Easton, mol: DATE MAY 2 '61 Orillar S. France	4	James & as	well, Ga	ston, and	DATE MAY	2 '61 Orthun.	8. times



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 4803 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND death. b, CITY OR TOWN If outside carparate limits, write RURAL and give transit town. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) n 24 hours after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET, ADDRESS **OR INSTITUTION** 17700011 ond ,= NAME OF First Middle 4. DATE Lost filled DECEASED DEATH (Type or print) De 55, 9. AGE IM FUNDER I YEAR IF UNDER 24 HRS. elely S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH years last birthday) Months DIVORCED | WIDOWED 7 papers. comple 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or during 1981 of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? foreign country) pup nouseur carban 2 13. FATHER'S NAME .5 physician remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. OCIAL SECURITY NO. 17. INFORMANT Address Tederals affending please death 1B. CAUSE OF DEATH | Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO that á Canditians, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit physician peen PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY marian, 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) certificate The CAL S 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) Day, Year 20d, INJURY OCCURRED factory, street, office bldg., etc.) Haur a. m. While Not while 모 at work at work p. m. 21 I certify that (1) (this haspital) attended the deceased from 10saw the deceased alive and \_19.6 /, and that death accurred at 10 M, from the causes and an the date stated above. 22a. SIGNATURE FUNERAL DIRECTORS 3 shauld be de ATTENDING THED. PHYS. M.D. Board 22c. PHYSICIAN'S 22d. ADD NAME (Type) forte CREMATION, 23d. LOCATION (City, town or equalty) BURIAL. 23b. DATE THEREOF 23c. NAME Y OR CREMATORY page he 0 24. FUNERAL DIRECTOR'S SIGNAT ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGN Orthur S. Minus WELLE WINDATEMAY 5 '61 VR A15 (4)

15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE

ON A FARM? YES NO Z

Year

19

Haurs

INTERVAL BETTEEN

PERFORMED? YES NO

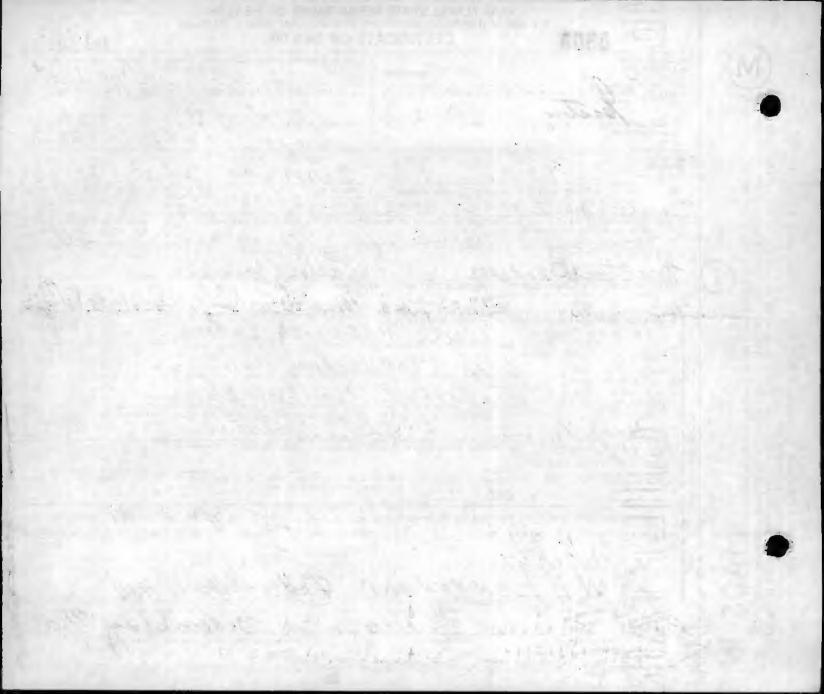
(State)

22b. DATE

SIGNED

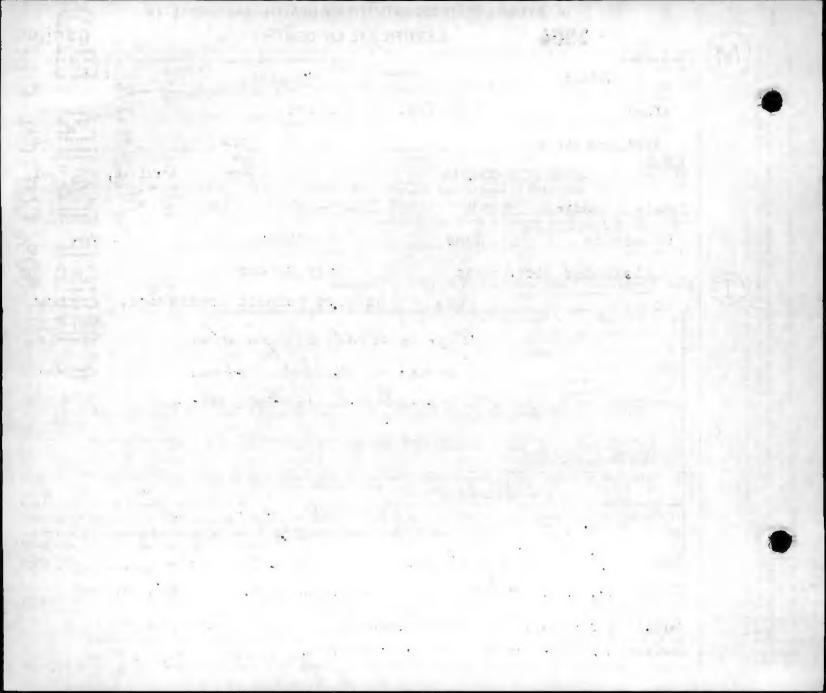
Days

(County)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours offer death. Page 4 may be retained by hospital or otherding physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the final director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.
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ED	Mary: Nary: Nermant	ryland VN (If outside of d  RESS  No  4. Do  DE  78  E (State or fore land	one  yes  yes  yes  yes  yes  yes  yes  y	Month Apri (In yeors   IF	Residence before Talbo Talbo Land give nea  1 16, UNDER I YEAR onths Doys 12. CITIZEN OF U.S.	e. 1s RESIDENC ON A FARM YES NOW  Year 1961  IF UNDER 24 H Hours Min  WHAT COUNT
Middle  MKRAN  IED NEVER MARRIED DIVORCED KIND OF BUSINESS OR INDUS  None  Son  Social Security No.   II	c. CITY OR TOW OXFOR  d. STREET ADDR  Los  B. DATE OF BIRTH  11-29-18' STRY 11. BIRTHPLACE MATY  14. MOTHER'S MA MATY  NFORMANT	VN (If outside of d A By Office or fore land NIDEN NAME DODS OF The control of th	one  TE  ATH  9. AGE lost to 82	Month Apri (In years IF inthday) yrs. Address	Da 116, UNDER I YEAR onths Doys 12.CITIZEN OF U.S.	Tyland
Middle    RKRAN     IED	d. STREET ADDR  Loss  8. DATE OF BIRTH  11-29-18'  STRY 11. BIRTHPLACE  Mary  14. MOTHER'S MA  Mary  NFORMANT	78 E (State or fore Land	9. AGE lost b 82	Apri (In years IF inthday) yrs. M	Do,  1 16,  UNDER I YEAR onths Doys  12.CITIZEN OF U.S.	Yes NOM Yes NOM Yes NOM Yes NOM Yes NOM 1961 IF UNDER 24 H Hours Min WHAT COUNT A.
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ED ED DIVORCED DE KIND OF BUSINESS OR INDUSTRIAL NONE  SON SOCIAL SECURITY NO.   III NONE   C.	Mary  14. Mother's Mary  Nermant	land LIDEN NAME Dobso	82 ign country)	yrs. Address	U.S.	what count A.
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	arol <del>ý</del> n B	ennet	t Gree	ensbo		RVAL BETWEEN
e for (a), (b), and (c)-]	0	7			LIMITE	
Deneralion To DEATH BUT	and and are	Ma Likero LETERMINAL DI	cline cline SEASE COND	TION GIVEN	IN PART I(o)	years years
CRIBE HOW INJURY OCCURREN	D. (Enter nature of inj	jury in Part I o	r Part II of ite	em 18.]		YES NO
	ACE OF INJURY (Hom ctory, street, office bld		(City or town	)	(County)	(Ste
	M.D	ADDRE	SS (Street, city	luses and of or lown, stol	Maryla	stated abo
_	sed fram 1/2	sed fram	sed fram. 127, 1958, to 4/106/2006, and that death accurred at 105 M, fr ADDRE 106/2006.  der /2 N. Hanson St.	sed fram. 1/27, 1958, to 4/6 6/, and that death accurred at 10 m M, from the ca ADORESS (Street, city der /2 N. Hanson St. E	sed fram. 27, 1958, to 46, 196, the sed fram. 196, the sed framework of the sed fr	sed fram. 127, 1958, to 4/6, 196/, that I last saw 6/2, and that death accurred at 10 4 M, from the causes and an the date ADDRESS (Street, city or town, stole)  der /2 N. Hanson St. Easton, Maryla

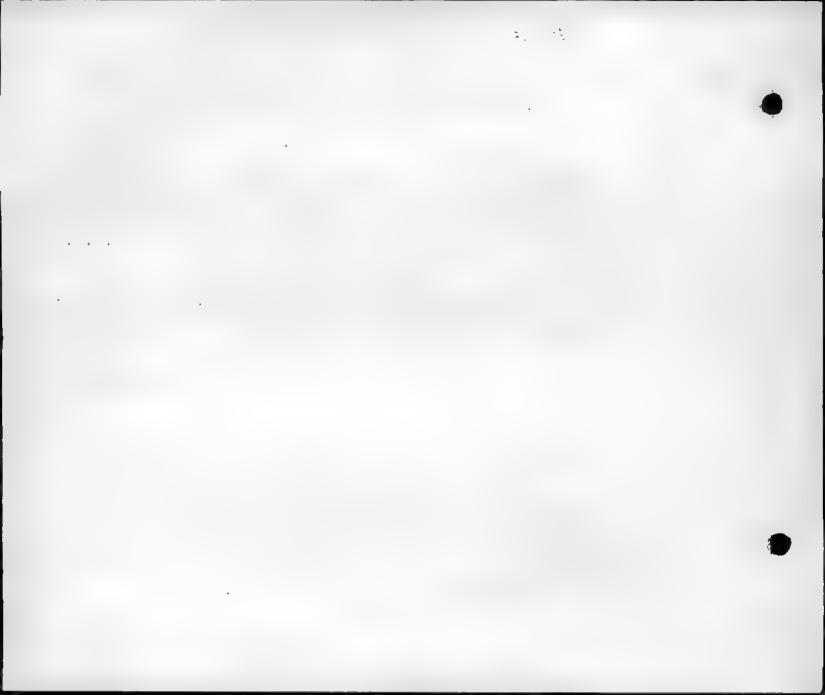


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# MARYLAND STATE DEPARTMENT OF HEALTH 4805 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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)	DE PLACE OF DEATH O. COUNTY TAIL BET	MARYLAND	2. USUAL RESIDENCE (Where deceased live o STATE anyland	d If institution Residence before admission) b COUNTY Caroline
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  A 2 TO M M.A.	I day - 5 Pu	c city or town (if outside corporate i	imits, write RURAL and give nearest town)
( )	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  FIRSTON / PINCELLA 17	Nospital	d STREET ADDRESS So. Main St	e is residence on a farm?
	3 NAME OF DECEASED (Type or print) DG/727 AZ	Middle	Di // DEATH	ADRI 17, 1961
	s sex 6 color or RACE 7 MARI		2-19-1883 9 A	GE (n y/ors IF UNDER 1 YEAR) F UNDER 24 HRS st birthday) Months Doys Hours Min
	10a USUAL OCCUPATION (Give kind of work done duting most of working life, even if refired) HOUSEWLIE	None	liaryland	U.S.A.
7	Nat Williamson		Georgana Ha	ayman
ン	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes. no. or unknown]   (If yes, give war or dates of service)   2		harles Dill Green	Address nsboro, Maryland
ぞ月	TO ACCIDENT WAS INDEPLYING TO JOH DES	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	NDIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T
	OR CONTRIBUTING CAUSE OF DEATH	NJURY OCCURRED 20e PLA	CE OF INJURY (Hame, form, 20f (City or to ary, street, affice bldg., etc.)	
	21. I certify that (1) (this haspital) attents saw the deceased alive on /7/4/2 220 SIGNATURE MULLIFIED HARLES ALLES ALL	ded the deceased fram	eath accurred at 15 M from the	causes and an the date stated above  196/, that (1) (we) last causes and an the date stated above  1920 DATE SIGNED  Cleve
	236 BURIAL CREMATION, 236 DATE THEREOF BURIAL (Spec fy) 4-20-61	23c NAME OF CEMETERY OF	, M. Green	(City, town, or county) State) 1sboro, Maryland
	24. FUNERAL DIRECTOR'S SIGNATURE	Agoress	250 RECD BY REGISTRAR DATE OR 2 4 '61	256 REGISTRAR'S S. GNATURE CINTERN & KLAMA



al director, TO HOSPITAL OR ATTENDINE EMYSICIAN: The low equires that the death certificate be executed within 28 haurs after Beath. Bage 4 may be retained the pospital or attending physician.

O FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauthe State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

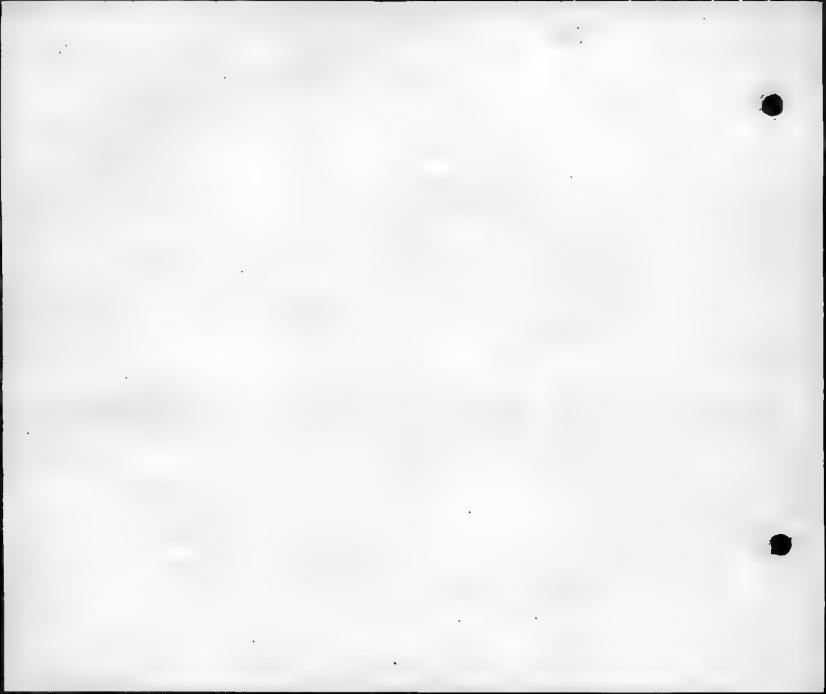
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11		·				1 2 6	
1	PLACE OF DEATH a COUNTY ALBOT	MARYLAND	2 USUAL RESIDENCE (No STATE		COUNTY	ce before admis	isian)
	L CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	l many	autside carparate limi			m}
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS	VASHINGT	TON		SIDENCE A FARM?
3.	NAME OF First DECEASED (Type or print)	Middle MIR GINIA	DITTUS	4. DATE OF DEATH	Month PRIL	Day	Year 196/
5	SEX 6. COLOR OR RACE 7 MARR	. /	B. DATE OF BIRTH	864 9. AGE	(In years IF UNDER Months yrs	Days Hours	
100	d USUAL OCCUPATION (Give kind of work done 10b. dump) nost of working life, even if retired)	KIND OF BUSINESS OR INDE	STRY 11 BIRTHPLACE (SIG	te or fareign country)	U.	SA	COUNTRY?
13	PATHER'S NAME WILLIAM K. RATH	564	ANN V	1	EESE		
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 36 to	NONE 17	TELLE T	ATHELL	Address 7 / FASI	V. WAS	MINGTO
	1B. CAUSE OF DEATH [Enter only one couse per list PART 1 DEATH WAS CAUSED BY, IMMEDIATE CAUSE (c)	ne far (a), (b), and (c).]	1. i. i	7		INTERVAL B	
	Canditians, if ony, which gave rise to immediate cause (a), stating the under-	2ster was	the case of	Is inch	alist	-	
CATION	PART IL OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAs DISEASE COND	ITION GIVEN IN PAR	T 1(a) 19 WAS PERF	AUTOPSY ORMED?
CERTIF	20g ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	n Part I ar Parl II of ite	em 18 )		
MEDICAL	Haur a.m. While	NJURY OCCURRED 20e P Nat while k at wark	LACE OF INJURY (Hame for poctary, street, affice bldg., a	rm 20f (City or town	n) (0	Caunty)	(State)
	2) I certify that (I) (this haspital) attend	1 .	/	910, ta. 4/	,		
	sow the deceased alive an 220 SIGNATURE	22/19 6 (, and that	ATTENDING	MED STAF DIRECTOR PHYS	F		2b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Cox	22d. ADDRESS	EAST	8 /4 (	MD	
23	BUR AL EREMAT ON. 236 DATE THEREOF	23c NAME OF CEMETERY	. //	23d LOCATION (CI	ity, tawn, ar county)	Mo	ste)
24	FUNE STORES STORES	Carlon	250 RE		256 REGISTRAR'S SI		

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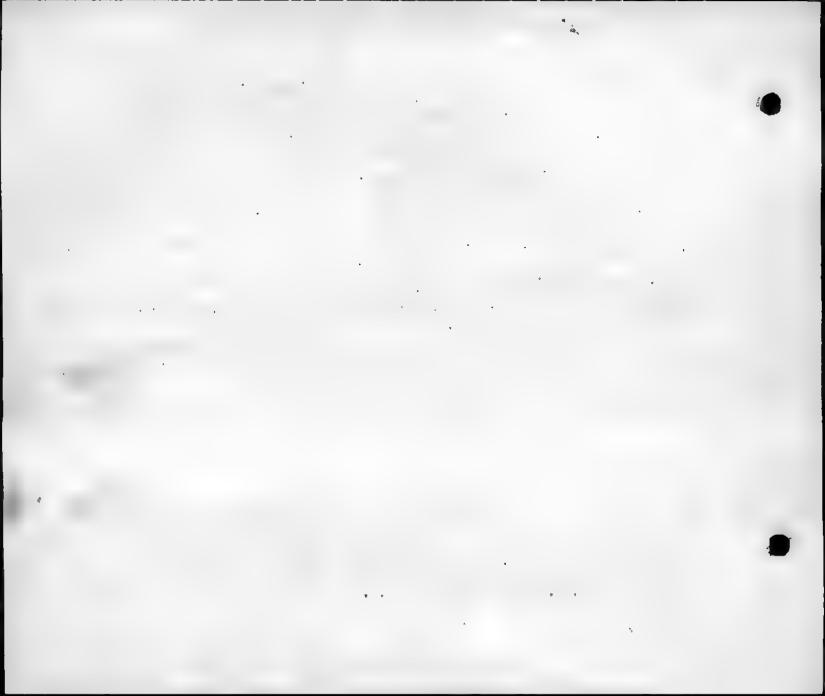
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	N	ARYLAND	STATE DEP	ARTMENT	OF HEA	LTH
480	DIVISION	IARYLAND OF STATISTICAL CEI	RESEARCH AND	RECORDS — E	BALTIMORE 1,	MARYLAND
200	•	CEI	KIIFICATE	OF DEA	10	

L	CERTIFICATE OF DEATH 04795	
1	o. COUNTY—TALBOT  MARYLAND  2 USUAL RESIDENCE (Where decreased lived If institution Residence before admission of STATE Wary Laugh b. COUNTY Decrease County	
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) FASTON: 3 Roo 25 pm. Centreselle	-2
0	d. NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION  CASTON Money land, Hosp 101 E. Water Ct YES	ARM?
3	3 NAME OF DECEASED (Type or print) Bertha Gertrude Durney DEATH 4-9-19	61
	S. SEX    6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9 AGE (In years lost birthday, Months Days Hours   Year   15 UNDER 1 YEAR IF UNDER	Min
L	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 12. BIRTHPLACE (Stote or Foreign country)  12 CITIZEN OF WHATCO  Welsopper Reporter Newspaper n Wys Needs Ned USA	UNTRY?
	William Charles Durney Marian Seeney	
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT  1/40 no or unknown)  1/1 yes, give wor or dates of service  212-09-1580 Mes Elines C Thomas Chesteleur Wes	R
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  DUE TO  (c)	WEEN DEATH
1000	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALPERFORM YES   20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II or Por	MED?
		,
14 0000	20c TIME OF INJURY Month, Doy Year 20d, INJURY OCCURRED Hour o.m While of work	(Stole)
	21 I certify that (I) (this haspital) attended the deceased from 4 7 7 1967, ta 6 7 1967 that (I) (we saw the deceased alive an 4 9 1967 and that death accurred a 3 6 M, from the causes and an the date stated of	
	M.D ATTENDING MED STAFF LIVE LIVE DIRECTOR PHYS	ATE DED
	P. E. Cox M. D. Easton, Maryland 4/10/6	61
540	230 BUR AL CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY OF GREMATORY 23d DOCATION (City, town, or country) (State) Personal Utiliable May Ray	1/2
2	Sartin Br. Jas. Banton Continued APR 12'61 Entire & Kinna	



MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** CERTIFICATE OF DEATH 9 #11m G285 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY 6. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Ifjournable corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Z d NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K NAME OF DECEASED Middle 4. DATE Year Lash Month Day camptetely filled (Type or print) DEATH Poges PRI 1961 9 AGE for years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE MARRIED, NEVER MARRIED 8 DATE OF BIRTH ost b sthdoy) Months Days DIVORCED | WIDOWED [ popers. 10a USJA, OCCUPATION (Give kind of work done 10b 12. CITIZEN OF WHAT COUNTRYS during most of working ife even if retired) peo corbon 13 FATHER S/NAME 14 MOTHER'S MAJDEN 5 physica гепаче WAS DECEASED EVER 17 INFORMANT SOCIAL SECURITY NO S. ARMED FORCES? aftending 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO Z 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Haur o.m. While Not while at work ot work p. m. 19.6/., that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased fram. 19. 61. and that death accurred at saw the deceased alive an A M, from the causes and on the date stated above 22e S GNATURE 22b DATE MED DIRECTOR FUNERAL DIRECT Pe ö 22c PHYS C AN'S 22d ADDRESS 3 should NAME (Type Eglseder Easton, Maryland CREMATORY 23d LOCATION (City, town, or county) 23a BURIAL, CREMATION TOREMOVA. (Specify) 0 FUNERAL DIRECTOR & SIGNATURE ADDRESS 25b, REGISTRAR'S S GNATURE 250 REC'D BY REG STRAR arthur & Trans DATE APR 1 7 '61 VR A15 (4) 1SM 9/59



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8 (8		2809 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	6
cremati		LACE OF DEATH. THE BOT MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) of Arter Para Land 6. COUNTY TALES T	
P		CITY OR TOWN (It outside corporate limits, write RURAL ond give nearest fown)  On JOHN (IT OF STAY IN 15)  C. LENGTH OF STAY IN 15	
iles.		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. 15 RESIDER ON A FAR YES \( \sum \color	RM2
r your f		IAME OF ECCASED NORM D-N MATCHELL FOLLKNER OF DEATH APR 15 1960	» [
ined for		6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH   9 AGE (in years life UNDER 19EAR IF UNDER 24   1011 birthdoy)   Months Days Hours Min	
be reto		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (State or foreign country)  The most of working life, even if relired)  Tarming MARY LAND	NTRY?
oges 1	f	VELSON K. FACLLKNER MARY JANECARRULL	
File p		WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. WINFORMANT WYZ. Mekvin Pepper Address: Hillsbotter, The	A.
ra PM3 permit.		18. CAUSE OF DEATH [Enter only one couse per limit for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CVONGVU CEC/USIN	
with fo	İ	conditions, if any, which) by San I arter 10 Seletosis	
a burial		gave rise to immediate cause (a), stating the underlying DUE TO cause last. (c)	
200		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOF PERFORMED.  YES 100	17
n ad ble		20b. DESCRISE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  CAUSE OF DEATH.	
a 3 shot		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Flame, form, Foctory, street, office bldg, etc.)  White Not while of work of wo	He)
Pag.		21. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🖾 Inquiry 🔲, and find	thot
i i		death resulted from: Notural causes A. Accident, Suicide, Hamicide, Undetermined cause	
5 0 4 5 0 4		SIGNATURE Janis / Willy M.D. CHIEF MEDICAL EXAMINER (	5
FUNERAL r removal		EXAMINER'S NAME (Type)  ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	61
10 TO 10 10 10 10 10 10 10 10 10 10 10 10 10		BURIAL, CREMATION, 1226. DATE THEREOF 1220. MANE OF CEMETERY OR CREMATORY 1220, LOCATION (City, 10WN, of COUNTY) REMOVAL (Spacify) (Spz. 9, 1961 CRETT MOUNT HILLS BOKO, MO	
5ME(5)	<u>N</u>	UNERAL DIRECTOR'S SIGNATURE  ADDRESS  DE LOS  DATES DE LOS  DE LOS  DATES DE LOS  DATES DE LOS  DATES DE LOS  DATES DE LOS  DE LOS  DATES DE LOS  DE L	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4810 CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by cospital or attending physician.

TO FUNERAL DIRECTO. After this certificate has been signed by the ottending physician and completely filled in by the full director. icion and campletely filed in by the fu e carbon papers Pages I and 2 shaula ithin 72 hours after death.

the ottending physi	ige 3 should be detached far use as the burial-transit permit. Then please remove	rematian, or removal, and in any event, wi
igned by	permit	removal,
After this certificate has been signed by the ottending ph	s the burnac-transit	ial, crematian, or
nis cer	US& G	to bur
TO Affer II	detoched far	state Board of Health prior to burial, crea
UNERAL DIRECTO	hould be	Board of
UNER	ige 3 s	State

VR A15 (4) 15M 9/59

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1	PLACE OF DEATH Talb	ot	MAR	/LAND	2 USUAL RESIDENCE 0 STATE	(Where deceased yland	lived If instituti b COUNTY			sion)
	b CITY OR TOWN (If outside corp RURA, and give neorest town) RURAL Cardova	orote limits, wr	LENGTH OF STAY		Rural	(If outside corpor		RAL and give	negrest low	p)
	d. NAME OF HOSPITAL (If not in I OR INSTITUTION	nospitol, give si None	•		d. STREET ADDRESS	Non	۵			SIDENCE FARM?
					L	21033	<u> </u>			£
3.	NAME OF DECEASED (Type or print) Emilin	First E	Middle		amer	4 DATE OF DEATH	Mor 4		00y 13	Yeer 1961
5	SEX 14 COLOR (	OR RACE 7	MARRIED THEVER MARRI	ED []	B. DATE OF BIRTH		9 AGE (In years	IF UNDER TYE	EAR IF UND	ER 24 HRS
	emale Col	· įwid	OWED K DIVORCE	0	12-29-186		97 yrs	Months Doy		Mic
104	a USUAL OCCUPATION (Give kind	of work done	106 KIND OF BUSINESS	OR INDUS	TRY 11 BIRTHPLACE (SI	tate or fareign co	untry)	12 CITIZEN	OF WHAT	COUNTRY
	Housewife Housewife	ir nerired)	None		Delaw	are		U.S	. A .	
13.	. FATHER'S NAME				14. MOTHER'S MAIDE	NAME				
1	Samuel	Tuttle			No	Record				
15.	, WAS DECEASED EVER IN U.S. AR	MED FORCES?	16. SOCIAL SECURITY NO	17. IN	FORMANT		Add	Iress		
Cri		or dates of service)	None		mma_Smith	Queen	Anne.	Maryl	and	
-	18. CAUSE OF DEATH   Enter or	ly one couse r	per line for (a), (b), and (c)						NTERVAL 8	FTWEEN
	PART I. DEATH WAS CAL	ISED BY		*	ry Occlus:	ion		C	NSET AND	DEATH
	IMMEDIATE	DUE TO		· OALLU	<u> </u>	1,011				
	Conditions, if any, which )		Atheroscle	erot	ic Condio	vrseule	n Dia.			
	gave rise to immediate	{b}				,	,1 3-01	+		
	couse (o), stoting the under-	DUE TO								
	lying couse lost.	(c)	Generaliza	a be	theroscles	rosis				
Z	PART II OTHER SIGNIFIC	ANT CONDITIC	ONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GR	VEN IN PART HE	) 19, WAS	ALTOPSY
CATION		Nut	ritional Ar	nemi.	2					ORMED?
CERT F (	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF		DESCRIBE HOW INJURY O			in Port Lor Port	(f of item 18.)			
2				1	-1					
5	20c T ME OF INJURY Month,		Od. INJURY OCCURRED		CE OF INJURY (Home, I tory, street, office bldg.,		or town)	(Coun	ıly)	(State
MEDICA	p, m.		Vhile No! while t work 🔲 o! wark 📗		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	21. I certify that (I) (this	naspital) at	tended the deceased	fram	Mar. 5,	12.59 to_	pr. 13	1961.	that (I)	(we) las
	saw the deceased alive of	m Apre	12_19.61 and	l that d	eath accurred of	:30 Aram	the causes ar	nd on the de	ale stated	d above
	220 S GWATURE	11 0	>-		ATTENDINE		PW 2 PF		22	S GNE
	Clearles ?	A Q	Tolles le	Jan. 1	ATTENDING N.D PHYS	MED DIRECTOR	STAFF PHYS			3 0.112
	22c. PHYSICIAN'S NAME (Type)		Χ.		22d ADDRESS					
	Charle	g H.	Stones/ 7	H.D	Gre m	"oro,	Md.			
23	BUR AL, CREMATION 1236 DAT	E THEREOF	23c NAME OF CEN	ETERY O	R CREMATORY	23d LOCAT	ION (City lown	or county)	(Sto	re)
	REMOVAL (Specify) Burial 4-	17-61	Dentor	1		De	nton. E	Sarvla	ha	
24	FUNERAL DIRECTOR'S SIGNATUR		ADDRESS	-	25n. s	REC'D BY REGIST		ISTRAR'S SIGNA		
	0.EB.0	11/2	00 M. A D50-4 A	W.	1	1 8 '61		7 8 Flins		
1	// VO+NO-UXAL		JELENTO DE LO ,	110	UA E	TE TO DI	1	1 22 13/124		



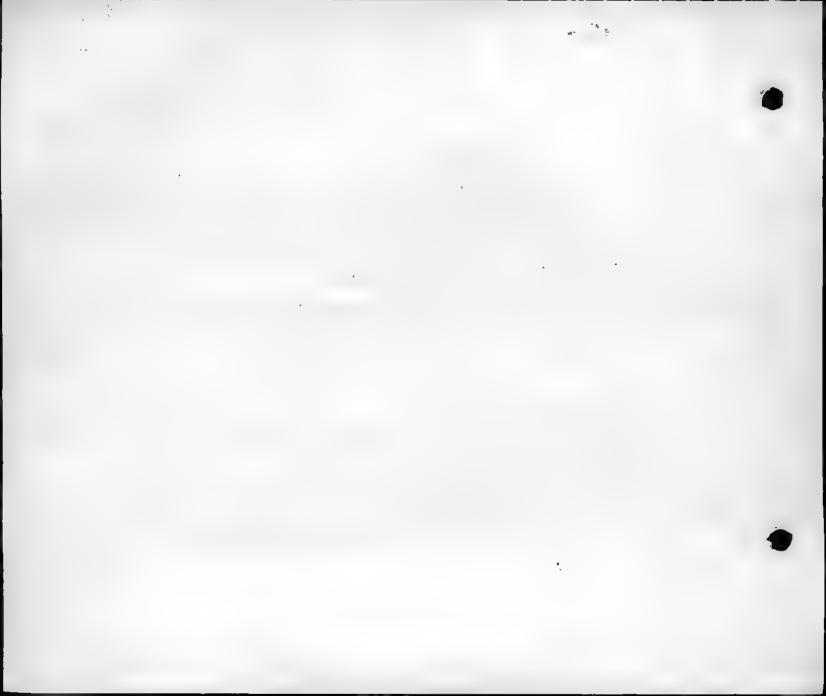
VR A1S (4) 1SM 9/\$9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 4811 CERTIFICATE OF DEATH

04791

	1 P	COUNTY Jallat	MATERIAL PROPERTY.	2 USUAL RESIDENCE WH	ere deceased lived. If	OUNTY Resultance	before admyss on)
	Ь	D. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  L. A. S. T.O. W.	c. LENGTH OF STAY IN 16.	c CIDYOR TOWN (IF o	utyde corporate limits	, write RURAL and give	nearest town)
	*	NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Memoic: AL	Hospital.	d. STREET ADDRESS			e IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print) VIOLA	MARIE	GANGI	4 DATE OF DEATH	Month	Day Year 20 196/
	5 5	Ellel Will widow		8. DATE OF BIRTH /9	OO 9 AGE (1 tost bit	thdoy) Months Do	
		JSUAL OCCUPATION (G ye kind of work done) 10b during most of working life gree if retired)	KIND OF BUSINESS OR INDU	///acy	Lava	. 12 CITIZED	OF WHAT COUNTRY
1		James Granger		JEWI	eme all an	rou	
1			social security No. 17 17 20-14-430	INW Sa	ugi	Addes	n Md
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying couse lost.	neis (0), (b), and (c).]	me of T	a-ca		INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT				PERFORMED?
	Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Not while   fo	ACE OF INJURY (Home farm clary street, affice bldg., etc	20f. (City or town)	(Cov	nty) (State
		21 I certify that (I) (Ihis haspital) attends saw the deceased alive an 220 SIGNATURE 22c PHYSICIAN: NAME (Type)	1961 and that a	leath accurred at	A from the country's	ises and an the d	that (1) (we) last date stated above 224 DATE SIGNER
	23a	BURIAL CREMATION 236 DATE THEREOF REMOVAL (Specify) BURIAL 4/22/61	230 NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City	(, town or county)	(Stole)
	24 1	FUNERAL DIRECTOR'S SIGNATURE Marvice & New Marm 15	ADDRESS AN GOSTON, 1	Nat		Chilling S. Ku	

DATE DR 2 5 '61



' director TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by sopilal or otherding physicion.

S FUNERAL DIRECT. Her this certificate has been signed by the attending physician and completely filled in by the faces a should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death may be retained by

VR A1S (4)

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

MIC

Ł	(300)
	PLACE OF DEATH  a COUNTY TALL of  MARYLAND  2 USUAL RESIDENCE (Where deceased fixed If institution, Residence before admission)  o. STATE MARYLAND  b. COUNTY TALL of
	b CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b   c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  ###################################
	d NAME OF HOSPITAL (If not in hosp to, give street address)  OR INSTITUTION  EASTON MEMORIA! HOSPITA!  VES NO P
	NAME OF DECEASED (Type or print) FRANK Widdle Cibson 4. DATE Month Day Year OF DEATH PRINT 25 1961
	SEX A/E SOLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH  NEVER MARRIED NEVER MARRIED B DATE OF BIRTH  PAGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS IP UNDER 1 YEAR IF UNDER 24 HRS IP
	Oa US. A OCCUPATION (Give kind of work done to the done of the kind of work done to the state of foreign country)  Aborer Gardener MARYAND 12 CITIZEN OF WHAT COUNTRY OF WHAT
	JAMES GIBSON 14. MOTHER'S MAÎDEN NAME ! Hines
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT AND CARK EASTER Address 2/8-05-9801 Bertha Clark EASTER MC
	PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BETWEEN ONSET AND DEATH ACCUSED  ONSET AND DEATH ACCUS
	Conditions, if any, which gove rise to immediate cause (a, stoting the under lying cause last  (c)  Conditions, if any, which gove rise to immediate pour lumine Argundance (b)  Conditions and Argundance pour lumine Argundance pour living cause last  (c)
	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED YES NO
	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18 )  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c T ME OF INJURY Month, Day Year 20d INJURY OCCURRED Hour a. m. While Not while of wark at work at work at work.
	21 I certify that (I) (this haspital) attended the deceased from. Lee 1957 to \$7.25., 1967, that (I) (we) los sow the deceased alive on
	220 SIGNATURE  ATTENDING MED STAFF 4/2 7/6
	22c PHYSICIAN'S NAME (Type Ludwig J. Eglseder M. D. Easton, Maryland 4/27/61
	ARIAL, CREMAT ON 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY, 23d LOCATION (City, town, or county) (51019)  BUR: 4 / 5-1-6/. RASJUN, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  DATE MAY 8 '61 CITETY & Trava

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requirement that the death certificate be executed within 24 hours offer death. Fogs 4 may be retained by hospital or offering physician or offer this certificate has been signed by the ottending physician and completely filled in by the testor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 1SM 9759 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	4813 CERTIFICATE OF DEATH	4801
1 1	LACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived If institution, Residence before	e admiss on)
(	COUNTY TALBET MARYLAND STATE BY AND 6. COUNTY TALBO	1
1	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	rest town)
	FASTON 36 4RS LASTON	
•	A. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION;  ALEMORIA ALEMORIA ALEMORIAN STREET ADDRESS  HIGH 1967 NS ST	IS RESIDENCE ON A FARM? YES NO W
	NAME OF Lost 4. DATE Month Do Do De DEATH A DE LOST DE	Year / 196-/
\$ 5		IF UNDER 24 HRS
	male Col WIDOWED & DIVORCED 1 OC + 20, 1681 79 yrs Months Doys	Hours Min.
10a	during most of working life even if retired)	WHATCOUNTRY?
10	DATE FIRE TENTIA	/ 7
13.	LUKOWN  14. MOTHER'S MAIDEN NAME  WY KOWN	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	
	Mrs. WE, Chaplan, Eastor	Md
_		RVAL BETWEEN ET AND DEATH
		11 Rices
	4)AI DUE TO	
	conditions if any, which) (b) Coconany alle was clustice heart decane	-/
	gave rise to immediate cause (a), stating the under-	
	lying cause last (c)	
<u>o</u>	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	9, WAS AUTOPSY PERFORMED?
CAT	Caremana / proteste	YES NO 5
CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ 10b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18)  OR CONTRIBUTING ☐ CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	
	20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County)	(State)
MEDICAL	Haur a. m. While Not while factory, street, affice bldg , etc.)  p. m. 19 at wark at wark	
	21 I certify that (1) (this haspital) attended the deceased from July 19 53, 10 2/afr 194/, th	at (I) (we) last
	saw the deceased alive an 210/ and that death occurred at FAM, from the causes and on the date	
	22a SIGNATURE	226 DATE SIGNED
	Mentan Hamian MD ATTENDING MED. STAFF DIRECTOR D	4- 0/
	22c PHYSICIAN'S NAME (TYPETHORSTON TARRISON PARCISON Cartan Many land	
230	BOR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City lown, or county)	(State) /
	Burin 7-22-6/ Richards Cem. Easton,	md.
74.	ADDRESS  ADD	
$\subseteq$	DATE MAY 1 '61 Citing of the	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

4814 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Maryland b COUNTY Talbot a. COUNTY Talbot MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Tilghman life Tilghman d NAME OF HOSPITAL (if not in hospital, give street address) STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T at home none NAME OF DECEASED First Middle 4. DATE Last Month Year OF DEATH Harrison 1961 James Dobson April (Type or print) 5. SEX AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months white Male DIVORCED | O yes. WIDOWED | 100 LISUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA ovster Maryland waterman 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Levin Faulkner Harrison Ida May Mason 17 INFORMANT S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address Mrs. Mary E. Harrison, Tilghman, Md. no none INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (0), (b) and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immedate DUE TO couse (a), stating the underlying cause last. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN. IN PART 1(o) 19, WAS AUTOPSY PERFORMED? YES I NO I 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame form, 20f (City or town) Day, Year (County) (Stote) factory, street, office bldg , etc.) Hour o m While Not while at work of work 21 I certify that (1) (this haspitally attended the deceased from P that (I) (we) last saw the deceased alive on and that death accurred at fram the causes and an the date stated above. 22b DATE SIGNED ATTENDING MED DIRECTOR MD PHYS [ BAYS C AN 22c 22d ADDRESS NAME (Type) Tilghman. Maryland Reeser, Sr. M. 236 DATE THEREOF BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (Stote) REMOVAL (Specify) burial John!s 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR 250 REC'D BY REGISTRAR haels Ci Thun & Thous DATE APR 1 8 '61

director, 8 haurs after death. 5 .≘ filled Poges death completely papers. and R ő within physica гетауе event aftending plaose the þ permit been signed burial-transit ŏ attending physic cremotian, certificate the TO FUNERAL DIRECT 5 O HOSPITAL OR Board 3 should page 3 sh the State I

VR A15 (4) 1SM 9/59



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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

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Page 4	M Firettar,	
thours after death	d in by the f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
eath certificate be executed within 24	andring physician and completely fille sase remove carbon popers. Pages any event, within 72 hours after death.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by hospital or oftending physicion  TO FUNERAL DIRECT. After this certificate has been signed by the afterling physician and completely filled in by the fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, are removal, and in any event within 72 hours after death.	
TO HOSPITAL OR ATTENDING PHY	may be refained by haspiral or offending physician TO FUNERAL DIRECT. After this certificate has been sipage 3 should be detached for use as the burial-transitive State Board of Health prior to burial, cremation, or reco	1

4815

		PLACE OF DEATH COUNTY Truth	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryland b COUNTY Caroline					
	t	CITY OR TOWN ( f outside carporate limits, write RURAL and give negrest town) ,	C LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAs and give nearest town)					
ı		EASTON	1 day	Federalsburg - Rural					
1	(	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	et address)	d. STREET ADDRESS  Near Bethel	W?				
2	3. 1	NAME OF First	Middle		-				
	. [	(Type or print) William	Graham Hn	55eff DEATH April 30 196	· BF				
1	5. \$	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH  9 AGE (In years If UNDER 1 YEAR IF UNDER 24 Inst birthdoy)  Months Doys Hours M	HRS lin				
1		Male White WIDON	WED DIVORCED	Sept. 29, 1870 90 yrs	irt				
1	10a	USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	b. KIND OF BUSINESS OR INDU		TRY				
1		Retired Farmer	Farming	Dorchester Co., Maryland U.S.A.					
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
N		Ephraim M. Hassett		Fannie A. Page					
		WAS DECEASED EYER IN U. S. ARMED FORCES? 11.  Too, or unknown)   (If yes, gave wer or doles of service)	6. SOCIAL SECURITY NO. 17. II	FORMANT Address					
	1.00		217-36-0111 M	rs. William G. Hassett, Federalsburg, Md.R.	D_				
1		18. CAUSE OF DEATH [Enter only one couse per	line for (o) (b), and (c).]	INTERVAL BETWEE					
1		PART I DEATH WAS CAUSED BY	hrenia.	leu to alleur clustic ONSET AND DEA					
1		DUE TO	11 1 70	(2)					
1		Conditions, if any, which ) (b) influe apathy							
1		gove rise to immediate							
1		lying couse ost (c)	MATERIAL PART	usuasy employeeur (3)					
1	Z O	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED	P5Y				
1	CAT			YES NO					
	CERTIFICATION	206 ACCIDENT WAS UNDERLYING 206. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Part II of item 18.)					
	CAL	20c TIME OF INJURY Month, Doy Year 20d	INJURY OCCURRED 20a. PL		tote				
ı	WEDICAL	Hour a.m. 19 Whil	le Not while for	tory, street, office bldg., etc.)					
	Z.			19 to 30 Che 19 6/ that (1) (we)	h .				
1		21. I certify that (I) (this haspital) after	/ //	(1)					
		saw the deceased alive an . 30 49	17-7. 7 and that c	eath accurred atte AM, from the causes and an the date stated abo					
		1 Klusten Ham	m-	M D ATTENDING MED STAFF I May SIG	YEE				
		PHYS CAN'S NAME HOPE OF URSTON HAR	RISON	Carfu hay land					
	23a	BURIAL CREMATION 236 DATE THEREOF	234 NAME OF CEMETERY O						
		Burial May 4, 1961	Hill Crest C	emetery Federalsburg, Maryland					
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE					
	1	. J. Frampton and Lou, to	devalsturg, Wa	expland DATMAY 8 '61 Chilling S. Thank					



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

04884

ΛL.	CERTIFICATE OF DEATH						
	MARYLAND MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Reside o STATE A PARTY	1801				
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)				
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION FASTON Memorial Hosp.	d. STREET ADDRESS	on a Farmy				
3	NAME OF DECEASED (Type or print)  Roberta B.	Henry 4. DATE Month of DEATH 4-	Day Year 6				
5	6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH  9. AGE (In years lif UNDE lost birthday)  Months	R 1 YEAR IF UNDER 24 HR				
	On USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDLE during most of working life even if retired)  HOUSEKEEDER  OWN HOME	MARYLAND	TIZEN OF WHAT COUNTRY				
	WANTCHOLS BOLLING	HANNAH BONHHM					
	S WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 12	NEORMANT G. HENRY- TEAS.	TON, MO				
	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c) ]  PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (e)  CERTIFICATION  IMMEDIATE CAUSE (e)	ou brie	INTERVAL BETWEEN ONSET AND DEATH 3 LOGS				
	Conditions, if any, which) (b) Circles al	lux clumi	(3)				
	gave rise to immediate couse (a), stating the under- hying couse last.						
CITAL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS ALTOPSY PERFORMED? YES NO				
200 ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18 ) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
471621		LACE OF INJURY (Home, form, 20f (City or town) incory, street, office bldg., etc.)	(County) (State				
	21 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 10 Gyr 1941, and that	// A 122	/, that (I) (we) las				
	1 Leurth Harrisan	M.D. ATTENDING MED STAFF DIRECTOR PHYS	10 lfn & GNE				
	22c PHYS CIAN'S NAME (MIDDEL HURSTON HARRISON	22d ADDRESS Cartae Mary lucal					
, [2	BUR ALI CREMAT ON 236 DATE THEREOF 232 NAME OF CEMETERY CHEMOVA. (Spec fy)	YRCH LAMBRIDGE	15/2				
2	A FUNDANCE GNATURE GNATURE	100 41 101	GNATURE 9 House				

TO HOSBITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n 24 haurs after death. Page 4 may be relatined by postural or attending physician.

TO FUNERAL DIRECTL. After this cert ficate has been signed by the attending physician and mampletely Filed in by the first director. ce filed with may be retained by Iospital or attending physician.

D FUNERAL DIRECTO. After this cert ficate has been signed by the attending physician and mamplefely filled in by the F page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9759



VR A15 (4) TSM 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4817

#### CERTIFICATE OF DEATH

04805

)		D. COUNTY	MARYLAND	2. USUAL RESIDENCE (WI		OUNTY Residen	te before admissio	in)
	t	C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		CITY OR TOWN (IF	outside corporate limits.	, write RURAL and g	five nearest fawn)	
,	·	or INSTITUTION MCNORIAL HOSPITAL	el.	d STREET ADDRESS	CLOSBERO	57.	e IS RESID ON A I	FARM?
	[	OFFICE Charles M. (Type or print)	Middle	DATE OF BIRTH	4. DATE OF DEATH	Month	13 11	96/
	1	24 - 111 -	VORCED []	FUE. 31 /	95% lost bit	yrs. Months	Days Hours	Min
\		SUSTAL OCCUPATION (Give kind of work done during most of working life even if relired)	NESS OR INDUSTR	14 MOTHER'S MAIDEN	or foreign country)	12 (17)	ZEN OF WHAT CO	DUNTRY?
)	15. (Yes	WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURI	TY NO 17 INK	DRMANT VOC. FR	501 WE F. 6	CAROLOSIO CAROLOSIO	MP	
	CATION	18. CAUSE OF DEATH [Enter only one course per line for (o) (b), a PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Canditions, if ony, which gave rise to immediate cause (o), stoting the under-lying course last.  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	LEYM	OT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN N PAR	PERFOR	JTOPSY RMED?
	CERTIF	OR CONTRIBUTING CI CAUSE OF DEATH		(Enter nature of injury in			YES	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURR Hour a m, 19 White Not white of work at work	f	E OF INJURY (Home form ry street, office bldg., etc	r, 20f (City or town)	{(	County)	(Stale)
1		21 I certify that all this hospital attended the dece saw the deceased street bridge 19	and that dec	ath accurred at 9	M, from the cau	uses and an the	4,1,1	
		22c PHYSICIANS NAME (Type) L. C.H. Schim	id	22d ADDRESS 25/	for M	104/3	rd.	
	23a	REMOVAL (Specify	F CEMETERY OR	MEM. PK.	23d LOCATION (Ch	y, town, or county)	(\$10te	)
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	For	25a. REC		Sb. REGISTRAR'S SIC Lulun L.	GNATURE TOWN	



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	· 4		
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- 1					
	1 PLACE OF DEATH 0. COUNTY	LA LEVI CAIR	2. USUAL RESIDENCE (Where deceased lived. a. STATE	COLINITY	
-	TALBOT	MARYLAND	MaryLand	Caroli	
1	b CITY OR TOWN (If outside carporate limits will RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate lin	_	nearest town)
ŀ	d. NAME OF HOSPITAL (If not in hospital, give si	7 days	Federalsburg	- rural	e. IS RESIDENCE
	OR INSTITUTION	ins ni-n		05X	ON A FARM?
ᆝ	MEMORIALI	+007/7/7-	R.F.D. #2		OCYES NO IX
	3 NAME OF DECEASED (Type or print) MRS, FLOR	ENCE Marie	LEATHRUM DEATH A	Manth Or i	19 19 6/
	S. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	lott	6 -61 1-1	EAR IF UNDER 24 HRS
	F W WIS	OOWED DIVORCED	August 28, 1906 5	4 yrs. Monnis	bys Hours win
	19a USUA: OCCUPATION (Give kind of work done during most of work no life, even if retired)	106. KIND OF BUSINESS OR INDU			N OF WHAT COUNTRY?
	during most of working life, even if retired) Housework	Home	Caroline Co., Mary	Land U.	S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
$\mathbb{I}$	William L. Trice		Lillie Frances Wil		
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes no or unknown)  (If yes give wor or dates of service)		NFORMANT	Address M	
ļ	NO	220-12-0744 W	illiam Leathrum, Feder	Marg, Mar	yLand
1	18 CAUSE OF DEATH [Enter only one couse p	er line for to (b), and (c)	A.		NTERVAL BETWEEN ONSET AND DEATH
1	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1/1/eninge	eacr		
1	DUE TO	(D - Pol 0	To the		
1	Conditions, if ony, which (b).	Cell V	ruces		
1	couse (a), stating the under-	Ill which	lo - lon	X	
1	lying couse lost.   [c]	1/1/2000 1/02	ee me quo		LIE WAS AUTORSY
1	O PART II OTHER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO VENTH BUT	'NOT RELATED TO THE FEMINAL DISEASE CON	JITION GIVEN IN PART I	PERFORAGE D?
1	200 ACCIDENT WAS HINDERLYING FT 20h	DESCRIBE HOW INTERV OCCUPRE	D. (Enter noture of injury in Port t or Part 1) of i	tem 1R \	AEZ S 40 🗆
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERCHAETION HAND DECORDE	o. (sinua notoro or mjory at rott or to. tro.		
	~	6d INJURY OCCURRED 20e. PL While Not while fo	ACE OF INJURY (Home, form, 20f (City or Iow ctory, street, affice bldg , «Ic.) !	rn) (Cou	inty) (State)
	P. m 19 of	work at wark			
	21. I certify that (1)/(this bosontal) of	tended the deceased from		19	, that (1) (we) last
	saw the deceased of the on-	As Cond that c	death occurred of 124M, from the c	ouses and an the c	tate stated above
	220. SIGNATURE COLOMO	With	ATTENDING MED STA	X 19Ap	11 1945 DATE
	22c PHYSICIAN'S NAME (Type)	1 C Link	22d ADDRESSE	711/1	1. (/
	1-0 C./7	- 7C/IMA	apear	1110mg	ec-gr
-	230 BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O		by town op/ounty)	(State)
	REMOVAL Spreedy) April 22,196	61   Hill Crest C	Semetery Federal	sburg, Mary	Land
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a- REC'D BY REGISTRAR	256 REGISTRAR S SIGN	
	A. A. Tramptom Son	taderalibring	E mal, DATE APR 25'61	Chilling S.	Themas



DIVISION OF STATISTICAL RESFARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution, Residence before admission) a COUNTY COUNTY = MARYLAND requires that the death certificate be executed within 24 haurs after death. CITY OR TOWN If outside corporate limits, write LENGTH OF STAY IN 1b c. CITY OR TOWN (# autside corporale limits, write RURAL and give negrest town) RURA, gga give nearest fown) EASTON d NAME OF HOSP TAL (if not in haspital, give street address) d. STREET ADDRESS **OR INSTITUTION** CASTO 18moria NAME OF 4. DATE Middle Manth etely filled DEATH (Type or print) Pages 9 AGE (In years ast/birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH MARRIED | NEVER MARRIED | ofter Months WIDOWED [ papers comp 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) and 13 FATHER'S NAME 14 MOT physicion  $\subseteq$ WAS DECEASED EVER 5 ARMED FORCES? 16. SOCIAL SECURITY NO 12. INFORMANT aftending placise 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which permit has been signed gave rise to immediate DUE TO cause (a), stating the underlying couse last **burial-transit** physician ь PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? cremation. 206 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Irlem 18.) certificate The (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 120f. (City or town) Day, Year foctory, street, office bldg, etc.) Ь Hour o. m. While Nat while of work ot work p m 21. I certify that (!) (this hospital) attended the deceased fram M, from the causes and an the date stated above saw the deceased alive an and that death accurred at 22a 5/GNATURE PUNERAL DIRECT ATTENDING PF MD PHYS DIRECTOR PHYS Board 22c PHYSICIAN 22d ADDRES NAME (Type) 230 BUR AV, CREMAT ON REMOVAL (Specify) 23d LOCATION (C ly 23b NAME OF CEMETERY OR CREMATORY town, or county) 23c 0 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4)

15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

Day

YES NO

Year

19

Hours

INTERVAL SETWEEN ONSET AND DEATH

YES 🔼 NO 🗀

that (I) (we) last

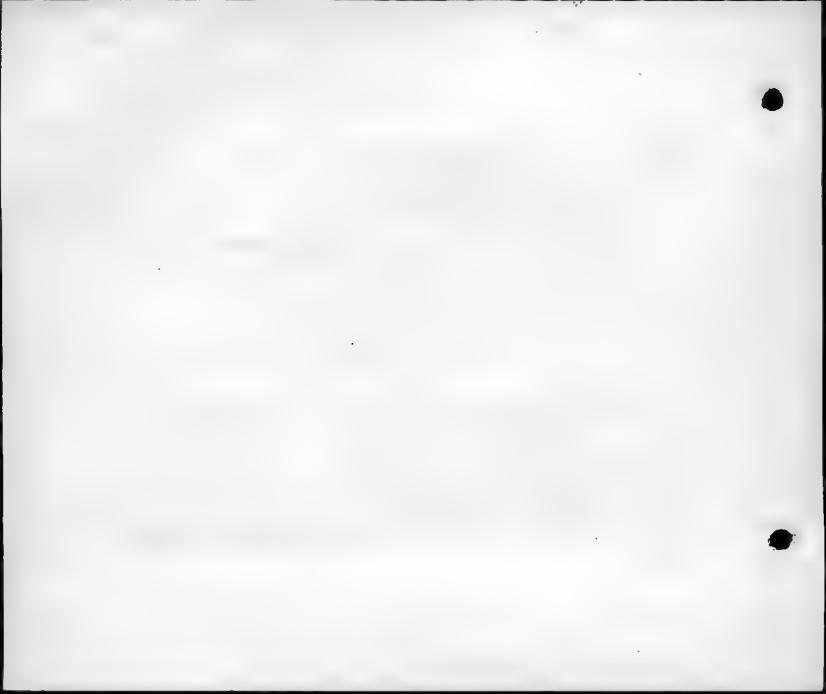
(County)

Circles & Frank

DATE APR 7

(State)

12 CITIZEN OF WHAT COUNTRY?



W. Frampton Carroll

MARYLAND STATE DEPARTMENT OF HEALTH

A POLICY OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CONTINUE OF STATISTICAL PROPERTY OF STATIST

ıΝ		20190	CEKIII	ICAIE	OF DEA	AIII		- (	1485	8
Ħ	PLACE OF DEATH	<del></del>				ICE (Where decea	sed lived. If institut	ton Residence	before admis	оп)
1	· COUNTY Talb	ot	MARY	/LAND	o STATE Me 1	rvland	b. COUNT	Talb	ot.	
r	b. CITY OR TOWN IF outset	le corporate limits, writ	e c LENGTH OF STAY	IN 16			porate limits, write			n)
ı	RURAL and give nearest t				Eas	ton				
	d NAME OF HOSPITAL IF	not in hospital give stre	ent address)		d STREET ADD		· · · · · · · · · · · · · · · · · · ·		e IS RES	FARM?
	Mrs. Gree	ns' Nursi	ng Home		Bie	erv Str	eet			NO 5
5.53	NAME OF DECEASED	First	Middle		Lasi	4. DATE		nth	Day	Yeor
	(Type or print)	Hugh	R	h	McNeal	OF DEAT	H April	18.		19 61
95	S SEX 6 C	DLOR OR RACE 7 M.	ARRIED NEVER MARRI	ED 🔲 8. D.	ATE OF BIRTH		9 AGE (In years	IF JNDER TY	FEAR IF UND	T
	Male W	hite   wibo	WED DIVORCE	D 🗆 M8	ar. 27,	1873	88 yrs	Months Do	ays Hours	Min
ĩ	Oa USUAL OCCUPATION (Gr during most of working life	ve kind of work done 1	Ob KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLAC	E (State or foreign	country)	12. CITIZE	N OF WHAT	COUNTRY?
	RetFarmer		gricultur	8	Ma	rvland			USA	
7	3 FATHER S NAME			14	MOTHER S MA				-OIF	
	William	McNeal			u,	kn				
	S WAS DECEASED EVER IN U		16 SOCIAL SECURITY NO	17 INFOR	MANT		Ade	dress		
		one	217 30 903	22 Mrs	. Carı	cie Bas	t, Trapp	e. RD	Mary	land
-	18 CAUSE OF DEATH [	inter only one couse pe	r line far (a), (b), and (c)	]					NTERVAL BE	TWEEN
	PART I, DEATH WA	AS CAUSED BY EDIATE CAUSE (o)	Uremi	2.1					200	Metall
	600.0	DUE TO								
	Conditions if any w	hich ) (b)	Chronic	L Jen	elone	phrit	(6)		Unde	WOW.
	gove rise to immed	tote Due TO		-1-4		1				
	couse (o), sloting the un lying couse lost.	(c)								
1	PART IL OTHER SEC		IS CONTR BUTING TO DE	ON TUB HTA	RELATED TO TH	ETERMINAL DISE	ASE CONDITION G	VEN IN PART 1	(o) 19 WAS	AUTOPSY DRMED?
0 1	<b>F</b>	ractur	e of fen	الاتليم						NO D
1	PART II. OTHER SIGNAL  PART III. OTHER SIGNAL  PART II	DERLYING . 20b (	ESCRIBE HOW INJURY O	CCURRED. (E	nter noture of in	jury in Port I or P	ort IS of item 1B }		1	
		CAL EXAMINER)								
1	20c. TIME OF INJURY Mo Hour o. m p. m.		INJURY OCCURRED			ne, form, 20f. (C	ity or town)	(Cou	inty)	(Stote)
8	Hour o.m	19 Wh	ila Not while	roctory	street, office bl	og., alc.)				
ľ	21 I certify that (I)	(this hasnital) atte	redad the decorred	From 847	7 73 2 min 2 /ma	dictan	1960 nm	10/4	that (I) I	term! Imad
	saw the deceased a	100mm 1 mm								
	22a. SIGNATURE	HAS ON TRANSPERS	Figure 17 Mar 8 7 Office	i illoi dedi	occorred C	THE STATE AND	ii ilie cooses a	na on me c		ь, DATE
	Rob	erit W. Ti	never	M.D.	ATTENDING	MED DIRECTOR [	STAFF PHYS			SIGNED
	22c PHYSICIAN'S			17. 13	22d. ADDRESS					
l	Robert W	. Trever.	M.D.		East	on. Ma	rvland			
5		b DATE THEREOF	23c NAME OF CEM	ETERY OR CR			AT ON (City town	or county)	(Sto	(e)
	REMOVAL (Specify) Burail	1/21/61	4	774 7 7					4	.~,
12	A FUNERAL DIRECTOR'S SIGN	NATURE_	Spring		Ceme to	O REC'D BY REG	Ston Me	STRAK'S SICH	ATURE	
ľ	Til to	1/2/	PERS	ton, Mo		ATE APR 2 4		Lithua S.	Kraua	
L	- Kath	12 64 15-62.				OIL BLUE AL	01			



Division of STATISTICAL RE RECORDS, 301 BALTIMORE 1. MARYLAND CAL EXAMINER'S CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, if institution: Residence before edmission) a COUNTY **b.** COUNTY MARYLAND b C.TY OR TOWN (if outs da corporate c. LENGTH OF STAY IN 16 c. CIY OR TOWN write RURAL and give hearest fown) wr ta RURAL and g Board of for you ould be selected within 24 hours after death. If any delay is no in pencil in frem 18. Give Pages 1, 2, and 3 to the funeral directive along with form PM3. Page 5 may be retained for yourial-fransit permit. File pages 1 and 2 with the State Board ovel, and in any event, within 72 hours after death. 6 d NAME OF HOSPITAL OR NATITUTION (If not in hospital, give street address, a. IS RESIDENCE ON A FARM? YES NO" NAME OF First Middle. Last DATE Yanı DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE 7 MARRIED 5. SEX AGE In years NEVER MARRIED IF UNDER 1 YEAR Months Hours WIDOWED [ 1Da. USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) LABOYEY 13. FATHER S NAME WAS UCCEASED LIER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO (Yes, no, or unkown) ( (Ifyes give were related service) 18. CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Office **DUE TO** burial removel, Conditions, if any, which (b) "pending" gave rise to immediate cause en ro DUE TO forwarded to the Chief Medicel Examiner.

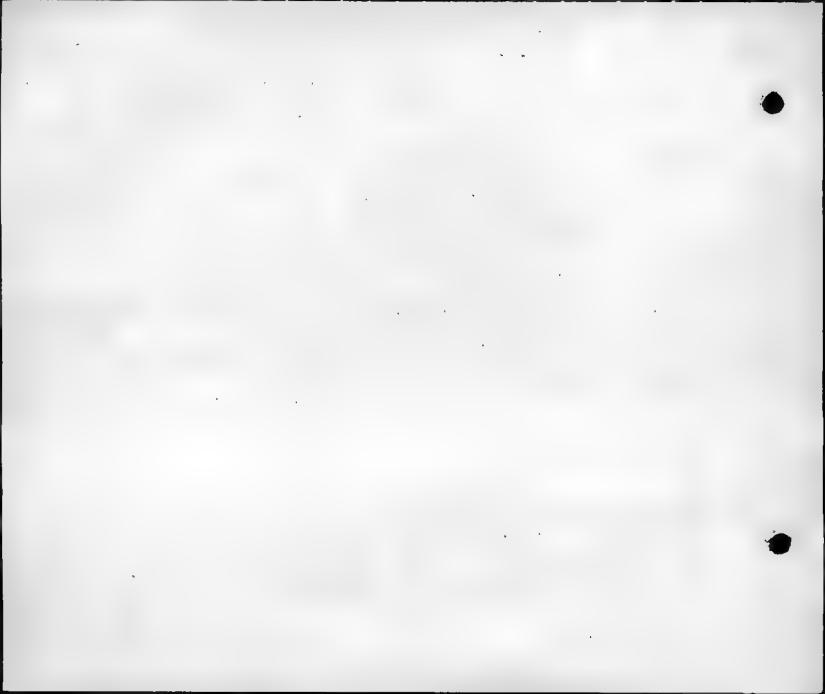
L DIRECTOR: Page 3 should be used as (e), stelling the underlying ò cause lest. cremation, PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 ... 19. WAS ALTOPSY CERTIFICATION PERFORMED? ficate, writing the word NO 2De EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter natura of niery in Part | or Part | of clam 18 ) PRIMARY | or CONTRIBUTING | burial, EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 1 20f., (City or town) (County) (State) factory, street, office bldg., etc.) 0 While Not While Hour e.m. et work at work designated agent, prior should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ease execute the DEPUTY MEL ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION. 226. DATE THEREOF 22d. LOCATION (City, lown, or country) 22c NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) 40 0 1-FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 245. VS. A15ME 5M 7/59 DATE .1 1 '61

D STATE DEPARTMENT OF HEALTH



# MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical Research and RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ŀ	_		
I		PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE   b. COUNTY
	L	Jalbot	Wary Land Ollly Climes
		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
	_	Easton 11hu, 55 Min.	Queenslown
	(	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  IS RESIDENCE ON A FARM?
		Memorial Hospital	X XES NO
	3. 1	NAME OF First Middle	Last 4 DATE Month Day Year
		(Type or print) Quen W.	Morris DEATH H Dril 18 1961
	5. 5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH  9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS lagt birthday)  Months Days Hours Min.
		NALE VY HITE WIDOWED   DIVORCED	July 21-1900 60 m
	10a	USJAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during most of working life even if retired)	STRY 1 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
		WATERMAN REPUBLINGY YEARING	DUEENSTOWN NARYLAND USA-
T	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
T	)	Wharles Dince Merres	Sadie Illa Tinder
		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOC.AL SECURITY NO. 17. II	NFORMANT Address
	,	718-01-114	, Cennice Marris Ouquestern Nery land
		1B. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c) ]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	onset and Death
		32 J DUE TO	
		Conditions if any which) (b) Cerebral arit	eriosclerosis and
		gave rise to immediate cause (a), stating the under-	0 0 4 :
		lying cause last.	l hyperteneum
	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTITIAL 19 WAS AUTOPSY PERFORMED?
	CATION		YES NO
1	Œ.	206 ACCIDENT WAS UNDERLYING TO 206 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
`	CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	13		ACE OF INJURY (Hame, form, 20f (City or town) (County) (State)
	MEDICAL	Hour a m.  P. m.  19 at work at work	ctary, street, affice bldg., etc.)
	-		7 1 1 6 19 to 4 18 19 6 that (1) (we) last
		21. I certify that (I) (this haspital) attended the deceased fram.	death occurred al. 25M, from the causes and an the date stated above
		saw the deceased alive on La 1900 1, and that a	dearn occurred display, from the couses and an the odie stated above
-		Robert W. Trever	M.D. ATTENDING MED STAFF PHYS.   4/ 19 1/6
-1		22c PHYSICIAN'S	22d. ADDRESS.
		RAME TREAT	Moderal Out Blog Dirth Shill
	23a	EURIAL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY C	OR CREMATORY 23d MOCATION (City, 1540, or 5000 N Latt (State)
	1	Sterior (pecify) (14:02.1-6) Ale In Vielle	1 Giller Dl. Maniford
	24	JUNERAL DIRECTOR'S SIGNATURE ( ) ( ) ADDRESS (	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
	X	James Bactory of Bactory Stor, Continuen	DATE APR 2 4 '61 Corthury & Knows
	1	/ // //	CANAMA A PLANE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

(1481)

		LACE OF DEATH LOUNTY TALL OF	MARYLAND	2 USUAL RESIDENCE (Who	ere deceased lived. If institution b. COUNTY		ore odmission)
		CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)	a Chrs.	c. CITY OF TOWN (IF or	utside carporate limits, write R	URAL and give ne	earest town}
		I. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION ME MORI a	Hospital	d. STREET ADDRESS	1-	7 > - 2	on a FARM? YES NO NO
	(		Middle 20190poulou	Nides	4. DATE OF APRIL	2,	1967
	5. S	Jense White WIDOWE		8. DATE OF BIRTH	9 AGE (In years last birtheray) 72 65 yrs		Hours Min
		USUAL OCCUPATION (Give kind of work dane 10b. I define most of working life, even if retired)	Pertamont	Trece	<u> </u>	LL CHIZENCE	OF WHAT COUNTRY?
)		Leage Leago Fai Was deceased ever in u s. armen Fordes? [16.5]	COCIAL SECURITY NO. 17 II	Catherine	Kanell	au_	
	(Yas.	no. or unknown! [If yes, give wor or speed of service]	6-14-9036)	oug Kontes	Cinterviele	Mar	y land
		18. CAUSE OF DEATH [Enter only one cause per lim PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	le for 10). (b) and (c).]	a faretin a	cuk	0 2	TERVAL BETWEEN
		Conditions, if any, which gove rise to immediate couse (a), stating the under-	Coronery the	na lini			
	CATION	Part II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART (0)	19 WAS AUTOPSY PERFORMEDS YES NO
	CERTIFI	20g ACCIDENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort 1 or Part II of stem 18 )		
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, IN Hour o. m. 19 While of work	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or town)	(County	y) (State)
		21 1 certify that (I) (this haspital) attends saw the deceased alive an Al University	/ /	1 /	M, from the causes as		that (I) (we) last te stated above
1		220 SIGNATURE  Mustau Hauna  230 PHYSICIAN'S	(nom	ATTENDING ME	RECTOR PHYS	2.	SIGNED SIGNED
ľ		NIAME IT - 1 - 4	PRISIN	Cartus	r Mary Com	L	
		Burel april 24-61	Chelery	OR EXEMPTORY	23d LOCATION (City, town,	e Mari	gland.
	24	FUNERAL DIRECTOR'S SIGNATURE JOSTALLA BOLLES OF BULTS BE	or. Controller	MA, DATE AD		ISTRAR'S SIGNAT	URE
	1 1	V					



		CERTIFICATE OF DEATH	12017
1	C	PLACE OF DEATH?  DEATH  O. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution Residence of STATE NALY)  DEATH  ARYLAND	before admission)
/	k	b. CITY OR TOWN (if outside corporgressimits write c bENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate imits, write RURAL and give RU	nearest lawn)
		NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  d STREET ADDRESS	o. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) ( A PIES Middle Pinder GF DEATH 4. DATE OF DEATH 4. DATE O	Day Year 196/
)	S S	MALE 1 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years light or photo) Months De 1 Married Divorced Divorce	EAR IF UNDER 24 HRS  Bys Hours Min
	10a	LA Obret Domestic MAYYIAnd U.	S.A.
	13.	Leorge Pinder Tilly Pinder	
	15 (Ye)	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (If you give wor or dotes of tervice) 217-30-85311 Ware Bailen Costs	, med.
		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which } (b)	/
		gove tise to immediate Couse (a), stating the under- DUE TO lying couse last (c)	
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO	(o) 19 WAS AUTOPSY PERFORMED? YES NO
		200 ACC/DENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of invery in Port I or Port II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m.  p.m. 19 While Not while of work of	inty) (Stote)
		21. I certify that (I) (this haspital) attended the deceased from	
		220. SIGNATURE  WED STAFF DME  ATTENDING MED DIRECTOR   STAFF DME	276 DATE S GNED
		22c PHYSICIAN'S NAME (Type)  NEETV  22d ADDRESS  ADDRESS  MACHINE  22d ADDRESS	
	23a	BURIA. CREMATON 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d ECCAT ON IC by town, or country)  DUPTA 4-24-61 Williamsburg Cem. FASTOR	(Stote)
	24/	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250 REC'D BY REGISTRAR 256 REG STRAR S SIGNAL DATEMAY 2 '61 CARLANT & 10	ATURE

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by respital or attending physician.

TO FUNERAL DIRECT.

After this certificate has been signed by the ottending physician and completely filled in by the f. reference. e filed with D FUNERAL DIRECTO After this certificate has been signed by the ottending physician and completely filled in by the fipage 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the State Board of Health prior to burid, cremotian, at removal, and in any event, within 72 hours offig death. VR A1S (4) 15M 9/S9



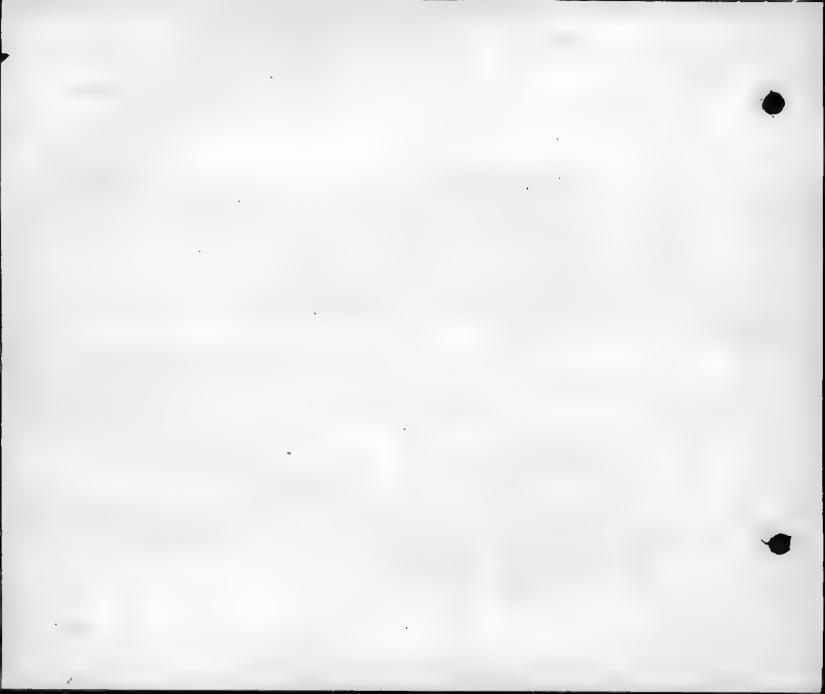
## MARYLAND STATE DEPARTMENT OF HEALTH Talbot County

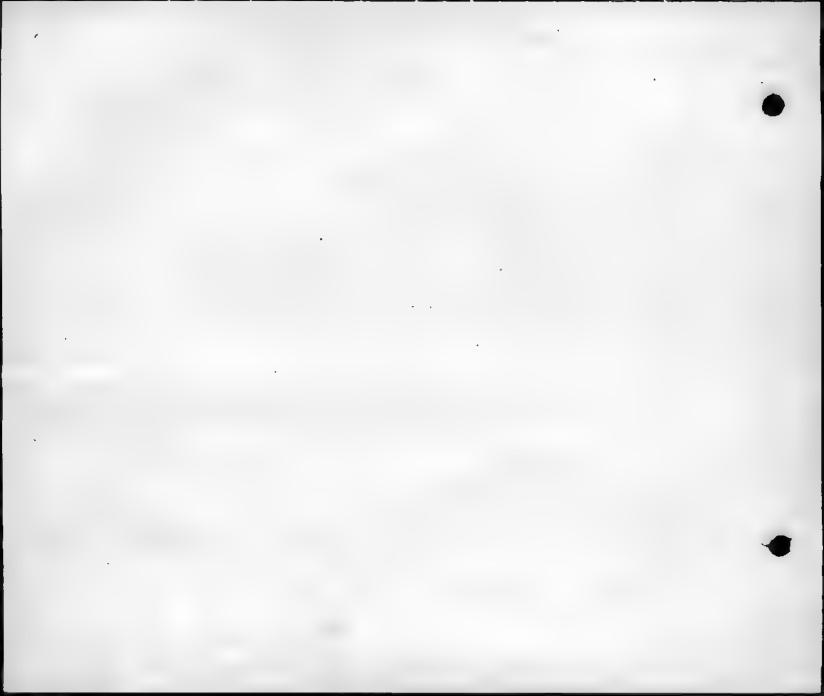
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THE ATTACHED PAPERS ARE REFERRED

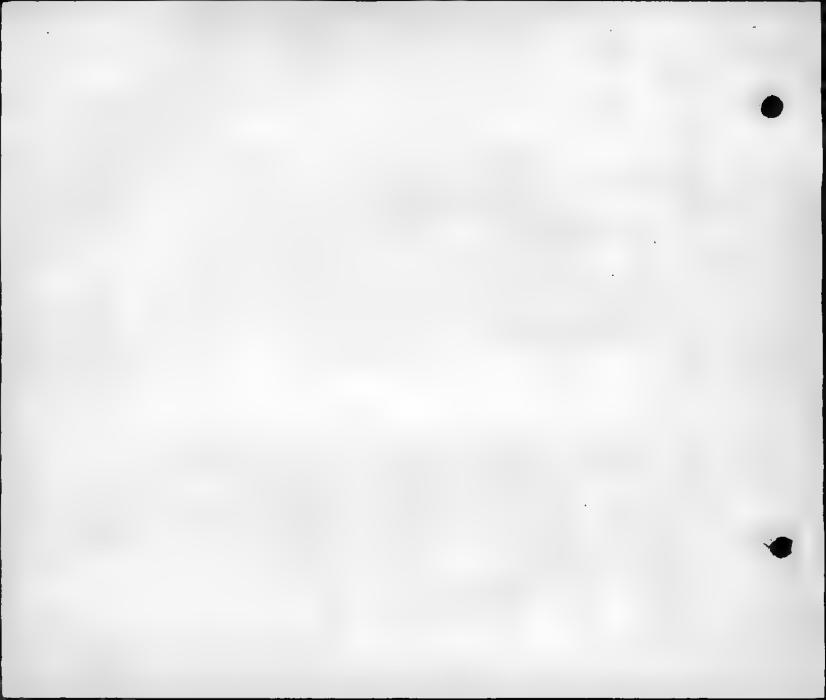
FOR THE PURPOSE INDICATED BY THE CHECK  Please note and file.  Please note and return to me.  Please note and see me about this.  Please answer, sending me copy of your letter.  Please prepare reply for my signature.
Please note and file.  Please note and return to me.  Please note and see me about this.  Please answer, sending me copy of your letter.
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FOR STATE		4827 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 14815
HEALTH DEPT * 항고를		PLACE OF DEATH  O. COUNTY  O. STATE  O. STATE  D. COUNTY  A DOT  MARYLAND  O. STATE  D. COUNTY  A DOT  MARYLAND  O. STATE  D. COUNTY  A DOT  MARYLAND  O. STATE  D. COUNTY  A DOT  O. STATE  D. COUNTY
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Koord X		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give/freet address)  of STREET ADDRESS  of 14 14 17  ves   NO   NO   NO   NO   NO   NO   NO   N
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to the con on he	9	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE IN 1800 IF UNDER LYEAR IF UNDER 24 HRS
ge 5 m nd 2 w	1	Oc. USDAN OCCUPATION (Give kind of work dane 10b KND OF BUSINESS OR INDUSTRY IN BIRTHRUKCE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY?
Milhin Vo		3. FATHERS HAME DO DO DE STATE OF THE MAINE DE STATE OF THE STATE OF T
ile por []		They & Alla  5. WAS DICEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  19. (1) yes, give was or define of source)  19. (1) yes, give was or define of source)
Tail. I		THE CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c) ]
a Item, a glong		PART I, DEATH WAS CAUSED BY - STRANGULATION
encil is Office iol-tron		Conditions if ony, which (b) gove rise to immediate cause
miner in p		(a), stoling the underlying DUE TO couse lost. (c)
pending cal Exo used a		PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES NO BETTERNAL CAUSE WAS  FRIMARY OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTIO
Medic be		
Chief Sylvania Sylvania		20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f, (City or fown) (County) (Stote)  How o. m. 4/6 196/ of work of
Arithmetical Strategies of the Program of the Progr		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from. Natural causes . Accident . Suicide . Hamicide . Undetermined monner
SECTOR SECTION	Co.	ACTUAL LANGE OF THE SIGNED
the certific to the certific t		ASSISTANT MEDICAL EXAMINER [] 4-16-61
should should FUNER		NAME (Type)  DEPUTY MEDICAL EXAMINER (Type)  DEPUTY MEDICAL EXAMINER (Type)  DEPUTY MEDICAL EXAMINER (Type)  DEPUTY MEDICAL EXAMINER (Type)  Total BURIAL, FEMALION (Cap. town, or county)  Final State of Cap. town, or county)
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5M 2/57	,	Mille Duff Closen Ho Date APR 18'61 Die & House



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 04816CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town, RURAL and give nearest town) ASTON d. NAME OF HOSPITAL (If not in hospital give street address) e IS RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? YES NO EMORIA NAME OF 4. DATE Last Month Year Doy Palled DECEASED (Type or print) DEATH 196 5 SEX 6. COLOR OR RAC MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (in years IF UNDER TYEAR IF UNDER 24 HRS lost birthday) Months Days Hours DIVORCED [7] WIDOWED [ yrs popers. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pun 22 h 13. FATHER'S NAME 14 MOTHER & MAIDEN MAME g 5 Ε g physici remove o 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL/SECURITY NO 17 INFORMANT attending p please 1B CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] NTERVALPBETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if any which gned gove rise to immediate DUE TO couse (o), stoting the underlying coute last. CION **burjal-transit** been PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 179 WAS AUTOPSY ation. PERFORMED? 튄 has YES TO NO F cremo offending 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) ficold the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 29c, TIME OF INJURY Month. 20st PLACE OF INJURY (Home, form, 20f (City or fown) Doy Yeor 20d INJURY OCCURRED (Stote) (County) foctory, street, office bldg , etc.) Hovr o. m While Not while at work at work 4- 4. 196 (, that (1) (we) last 1961 . 10 21. I certify that (1) (this haspital) attended the deceased fram. and that death accurred at & P.M., from the causes and an the date stated above saw the deceased alive an... 1961 220 5 GNATURE 226 DATE SIGNED M.D PHYS FUNERAL DIRECT MED DIRECTOR å 2 22c PHYS/C 22d ADDRESS should 205 Earle Auc m BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 APR T 9 280 REC'D BY REGISTRAR'S SIGNATUR author S. Krous VR A15 (4) 15M 9759 80141XV

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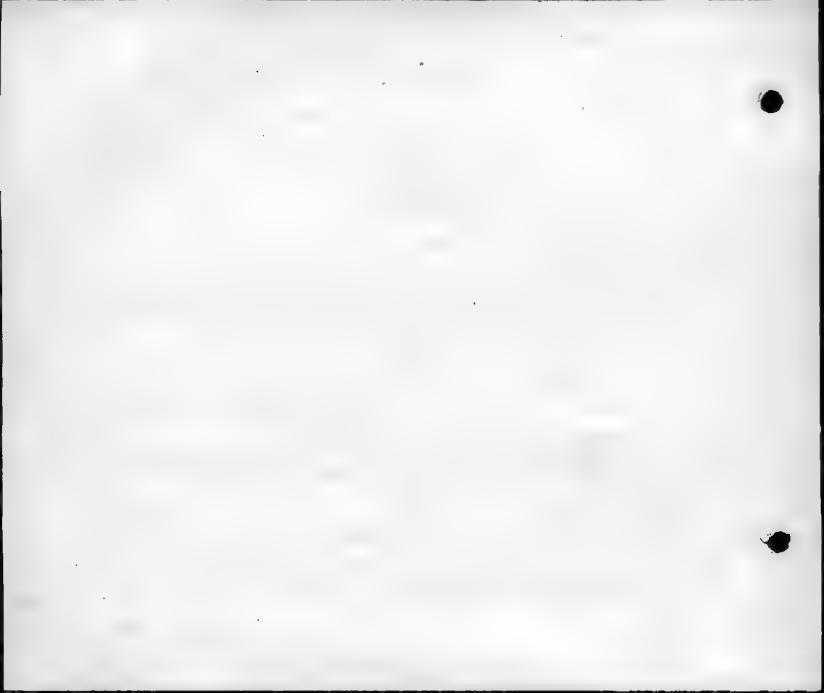
death



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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CALLINE OF ALL CALLINE OF ALL CALLINES OF ALL CALLINES OF EXPOSED WINNERS OF THE DESCRIPTION OF THE DESCRIPT	▼▼ may be retained b.	TO FUNERAL DIRECTO. After this certificate has been signed by the attending physician and completely fulled in by the	(4)		
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	4829 CERTIF	FICATE OF DEATH	04817
)	1 PLACE OF DEATH  • COUNTY / 60+ MAR	YLAND  2. USUAL RESIDENCE (Where deceased lived. If test o STATE  Mary land b. COU	
	b CITY OR TOWN (If outs de corporate timits, write RURAL and give nearest town)  5 kg 57  5 kg 57	an Baralau Pt. #	te RURAL and give nearest town)  / Bay 4
ř	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  PROPERATE HOSPITAL	d. STREET ADDRESS none	IS RESIDENCE ON A FARM?
		oster Rochester DEATH Ap.	
	5 SEX    6. COLOR OR RACE   7 MARRIED   NÉVER MARRIED   NÉVER MARRIED   DIVORCE   100 USUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS C	ED 12-15-60	ors IF UNDER 1 YEAR IF UNDER 24 HRS 17) Months Days Hours Min 12 CITIZEN OF WHAT COUNTRY?
	ducing most of working life, even if retired)  7. One	Maryland 14 MOTHER'S MAIDEN NAME TO	4.5.6.
)	Robert V. Roskester  15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO	Novia Brook	Address
	18 CAUSE OF DEATH   Enter only one course per [sine for (o) (b), and (c)	Robert Rose Paster A	Baralay Wed.
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) E1550 62510	isis of the heart	ØASET AND DEATH
	Conditions, if only, which gove rise to immediate couse (o), stating the <u>under</u> DUE TO		
	lying couse lost (c)	EATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON	GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING □ CAUSE OF DEATH	OCCURRED (Enter nature of injury in Part 1 or Part II of item 18	YES ENO [
T.	20c. TIME OF INJJRY Month, Doy Year 20d INJURY OCCURRED	20e. PLACE OF INJURY (Home, form 20f. (City or town) foctory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that if (the spite) attended the deceased	1 fram	., 19 , that (!) (we) last
	sow the decensed size of 7. 19 and 220 SIGNATURE	that death accurred and AM, from the couses  M.D. ATTENDING DIRECTOR STAFF PHYS PHYS	and an the date stated above
	22c PHYS CIAN'S F CH Schmid	MD PHYS DIRECTOR PHYS X	N/21/2 1901
	230 BUR AL CREMATION 236 DATE THEREOF 230 NAME OF CEN	METERY OR CREMATORY 239 LOCATION (CHY. 10	wn, or county) (State)
	24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Bowlais  Bree	250 REC'D BY REGISTRAR 250 1	TEG STRAP'S SIGNATURE
	7 2072 223XV6	FM. A. A. B.	



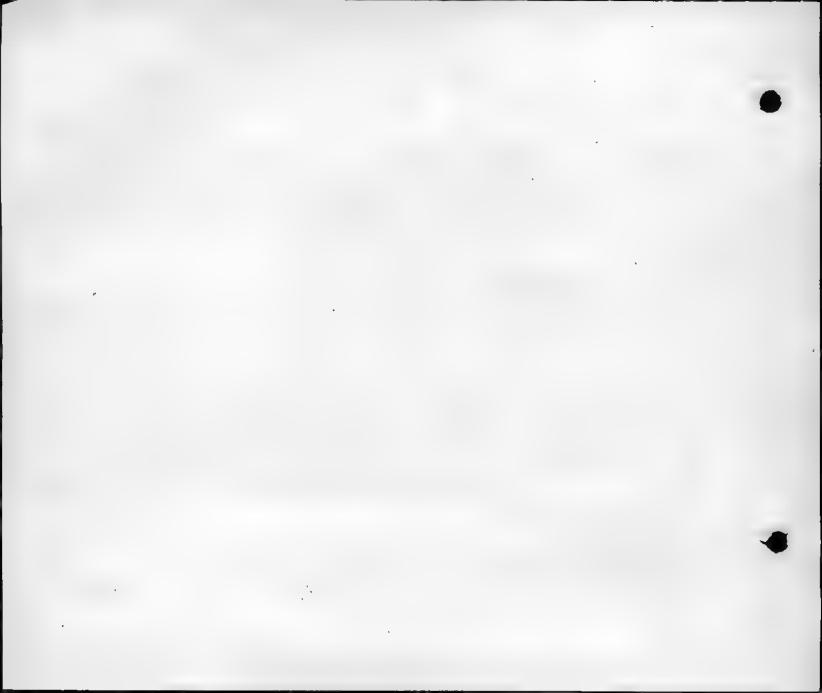
TO HOSPITAL OR ATTENDING PHYSICIAN; The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be remained by hospital ar attenting physician

TO FUNERAL DIRECTO. After this certificate has been signed by the attending physician and completely filled in by the figure to director, page 3 should be detached far use as the buriol-transit permit. Then please remained carbon pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaind, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

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		PLACE OF DEATH  COUNTY TO A TO MARYLAND	2. USUAL RESIDENCE (Where deceased fived if institution Residence or STATE A A A A A A A A A A A A A A A A A A	e before adm, sy on)	
		CITY OR TOWN (If outs de corporate limits, write RURAL and give necest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)	
		EASTON	CHURCH HILL	444.05.465	
Ü		OR INSTITUTION  MEMORIAL HOSPITAL	d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO	
	- 1	NAME OF DECEASED Type or print) ROBERT HENRY	SENEY 4. DATE Month SENEY DEATH APRIL 1	9 Year 1961	
	5. 5	6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	S. Brita	Doys Hours Min	
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  LABORER		SA	
1	13.	FATHER'S NAME PARELLE & DOME	14 MOTHER'S MAIDEN NAME Parall		
)		WAS DECEASED EVER IN J. S. ARMED FORTES? 16 SOCIAL SECURITY NO. 17, 18	NFORMANT Rodd - Church Hill	hid.	
		18 CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lefy	INTERVAL BETWEEN ONSET AND DEATH	
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		gove rise to immediate couse (o), stating the under-lying couse last (c)	clerozio	ৰ্	
	F.CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPS PERFORMED? YES NO	
	CERT F.	20G ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of item 18)		
	MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (Citory, street, office bldg., etc.)	County) (Stot	
		21   certify that (I) (this haspital) attended the deceased fram	leath accurred at A.M. from the causes and an the	that (I) (we) la	
		220 S GNATURE	M.D. PHYS DIRECTOR PHYS K	4 DU SIGNE	
		22c. PHYSICIAN'S NAME (Type) P. F. CO X	EARLE AVENUE 5	ASTEN	
-		BUR A. CREMAT ON 236 DATE THEREOF 23c NAME OF CEMETERY OF REMOVA. (Spec by) Opril 21 Barchae	R CREMATORY 23d LOCAT ON IC ty, town, or county)	(Slote)	
	24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS,  HELL  ADDRESS,  HELL   Ind. 250 REC'D BY REGISTRAR 250/REGISTRAR S SIG			



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FOR STATE		<b>%</b> 0€	1 WE	DICAL	EXAMIN	ER'S	CERTIFICAT	TE OF	DEATH	(	14821)
IEALIH DEPI.		PLACE OF DEATH			_		2. USUAL RESIDEN	CE (Where d			ce before admission)
S 8 8 8 9		Tal	bot		MARY			land	b. COUNT	Talbot	3
		b, CITY OR TOWN (if write RURAL and o	give nearest lown	mils,	c. LENGTH OF STA	Y IN 16	c, CITY OR TOWN	If outside con	porata limits, writa	RURAL end give	nearest fown]
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of Parity	13.	FATHER'S NAME	.11		scarowa	T	14. MOTHER'S MAIDEN			_USA_	
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H H		death resulted for				1	d an Autopsy		ndetermined ma		in my opinion
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DINE ONE	225	NAME (Type), BURIAL, CREMATION	_Louis S		TY	ETERY OR	Address (Street,	226. LOCA	county East	or country)	ryland
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Ĥ Ĥ	23.	FUNERAL DIRECTOR	11.11.11.19		ADDRESS		24e. REC	O BY REGIST	RAR 246, REG	STRAR S SIGNATE	JRE
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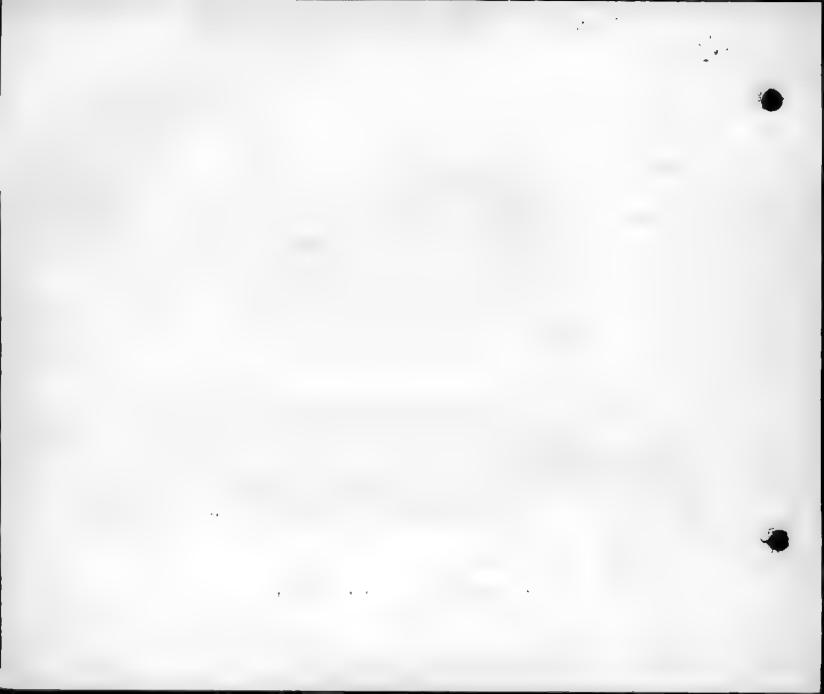
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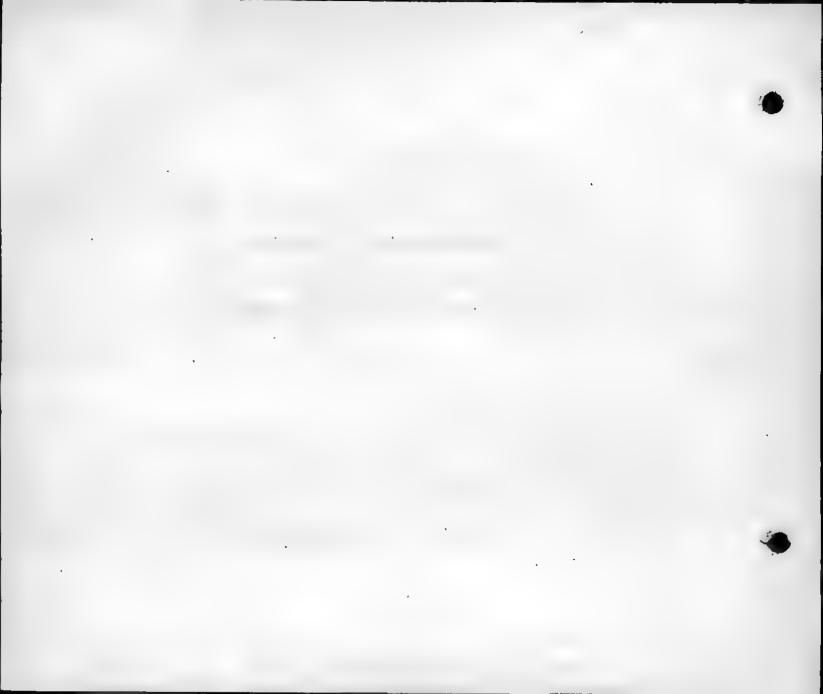
CERTIFICATE OF DEATH

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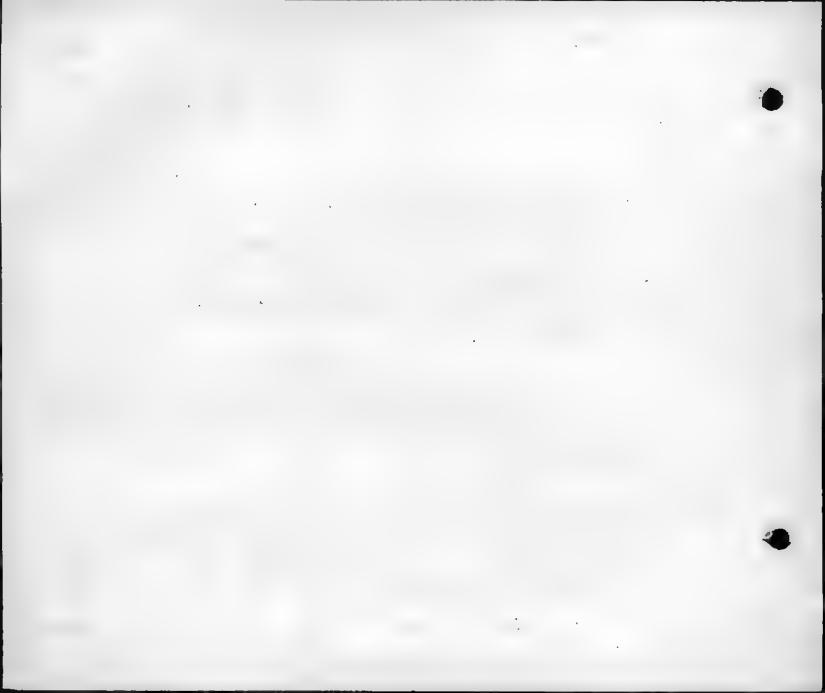
V		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institut an Resultince before admission)
`	0	COUNTY TALLE + MARYLAND	· STATE MARYLAND 6 COUNTY ALBOT
	b	b C TY OR TOWN (if a vivide corporate limits, write RURAL and eyes regret lawn)  EASTON 2/2 Www.	c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town)
.ni	d	d NAME OF HOSPITAL (If not in haspital, give street address, OR INSTITUTION,	d STREET ADDRESS  IS RESIDENCE ON A FARM? YES IN NO IP
4		FASTON Memers A NOSPILE	
	D	NAME OF DECEASED (Type or print)  A Nathayn	Smith Date Month Day Year Smith Death April 19, 1961
	5 5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9 AGE (In years let JNDER 1 YEAR IF JNDER 24 HRS let birthday)  Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work done of the first of the first red) that of working ife, even first red) PRING WILLIAM FATHERS NAME	TRY 11 SIRTHPLACE (State or foreign country)  ARYLAND  14. MOTHER'S MAIDEN NAME
	10-	PHILLIP DANNEN FESSER	ANNA MARIE DEITZ
/	15 1 (Yes.	s no or relinance	OSPILAL RECORDS EASTON, PRO
		18 CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) ] PART I, DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
		MMEDIATE CAUSE (a)	muscular stroppy 3+ yes,
		Conditions if any, which ) (b)	
		gave rise to immediate cause (a), stating the under DUE TO	
		lying cause last.	
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?  YES NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Part I or Part II of item 18 )
	MEDICAL		CE OF INJURY (Hame, farm, 20f (City ar tawn) (Caunty) (State) lary, street, affice bldg., etc.)
		27 I certify that (1) (this haspital) attended the deceased fram.	eath accurred at 36%, from the causes and on the date stated above
		22o SIGNATURE	ATTENDING / MED STAFF / 22b DAFE
			N.D. PHYS DIRECTOR PHYS
		PHYSICIAN'S NAME [Type] Robert W. Trever M	22d. ADDRESS 4/20/61  Easton, Maryland
		BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OF REMOVAL (Spec fy)	HILL EASTON MA
7	24	Chiefour Carlor A	DATE APR 21 361 Onling 8. Known





DIVISION OF STATISTICAL RESEARCH AND RECORDS ---, BALTIMORE 1, MARYLAND 4834 CERTIFICATE OF DEATH With 2 USUAL RESIDENCE (Where decegned lived. If institution: Residence before admission) PLACE OF DEATH filed COUNTY o STATE COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 CITY OR TOWN (IF outside corporate Jimits, write RURAL and give nearest town) RURAL and give nearest town) BOX OLUM hours after d. NAME OF HISPITAL (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE ON A FARM? by YES NO and 9 NAME OF First Middle DATE Year filled DECEASED OF Poges (Type or print) DEATH 19 IF UNDER 1 YEAR 15 UNDER 24 HRS SEX COLOR OR RACE 7 MARRIED NEVER MARRIED AGE etely 8 DATE OF BIRTH Thday) Months Days Hours DIVORCED [7] WIDOWED [] papers. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pu 2 13 FATHER'S NAME physician 9 Ξ, with WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT attending please INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line fog(a), (b), and (c) ONSET AND BEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE fol the DUE TO þ Conditions, if only which permit pau6 gove rise to immediate DUE TO couse (o), stating the underte has been sig physic on. lying couse lost. FICATION PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY PERFORMED? YES NO attending 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of stem 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) DICAL %1 O 20c TIME OF INJURY Month, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year (County) (State) 50 foctory, street, office bldg., etc.) Hour o.m. While Not while 0 at wark of work 194/\_\_, that (!) (we) last 21 I certify that (1) (this haspital) attended the deceased fram. ā hed Health 196/, and that death accurred at saw the deceased alive an 🗻 M, fram the causes and an the date stated above may be retained by O FUNERAL DIRECTO page 3 should be deta 22o SIGNATURE 5 GNED ATTENDING PHYS MED DIRECTOR STAFF 5 teller me Muller M.D Board 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) Re 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City lown, or county) (Stote, the the ou 10 256 REGISTRAR'S SIGNATURE NERAL DÎRECTOR<del>IS M</del>GNATURE ADDRESS. 250 REC'D BY REGISTRAR VR A15 (4) and a f trans 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04823

1. PLACE OF DEATH ALROLL	BANKARII.	2. USUAL RESIDENCE (Where do	eceased lived. If institution, Residual	ence before admission)	
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	b, write c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	corporate limits, write RURAL and	give nearest town)	
OR INSTITUTION FASTON	enorial Hosp.	d. STREET ADDRESS	() x -	e. IS RESIDENCE ON A FARM? YES NO	
3 NAME OF DECEASED (Type or print)	K Mödle		PATE Amonth April	27 196/	
S SEX 6. COLOR OR RACE WHITE	7 MARRIED NEVER MARRIED   WIDOWED   DIVORCED	Sept. 1-18	9 AGE (In Jears lost birthdoy) 90 70 yrs Months	ER TYEAR IF UNDER 24 HRS. Doys Hours Min	
100. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	done 106 KIND OF BUSINESS OR INDU	MARYLAN	eign country! 12 CI	USA	
ENOCH T	AYLOR	FLORENC	E MARVIL	LE	
15. WAS DECEASED EVER IN U. S. ARMED FORM (Yes, no, or unknown) (If yes, give wor or dates of so		Ma. Frank	Danglor - C	hester M	
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the under: lying couse lost.		ructive pul	yema	ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)					
200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	or Port It of item 18.)				
20c. TIME OF INJURY Month, Doy Yes Hour o m. p. m.		ACE OF INJURY (Home, form, 120 ctory, street, office bldg., etc.)	F (City or town)	(County) (Stofe)	
	) attended the deceased from -24 196 , and that of		to <u>H-27</u> 19 from the causes and an t	61, that (I) (we) last he date stated above	
Robert W.	Trever	ATTENDING MED DIRECTO	OR PHYS	22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) Robert W.	Trever, M.D.	East on, M	aryland.		
230 BURIAL, CREMATION, 236 DATE THEREO	23c NAME OF CEMETERY C	R CREMATORY 23d.	LOCATION (City, lown, or county	(Stote)	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ALL	DATE MAY &	REGISTRAR 256 REGISTRAR'S		

may be revained by haspital or attending physic an

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the f
page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death TO HOSPITAL OR AT VR A15 (4) 15M 9/59

DING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4

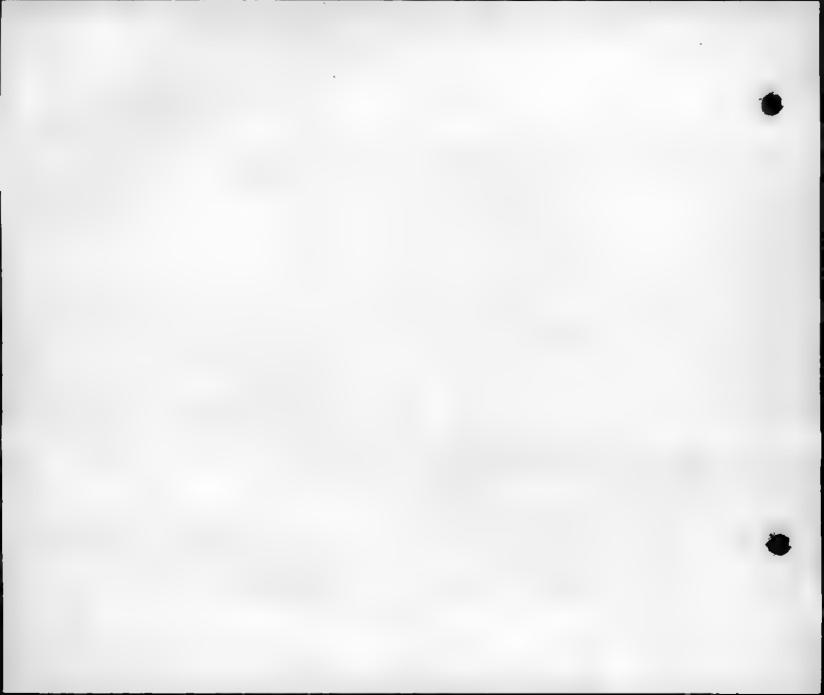
be filled with director,



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the retained by the attending physician and completely filled in by the first page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages? Pages 1 and 2 should be filled with the State Board of Hea th prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR ATS (4) 15M 9/59

		MARYLAND STATE I	DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND	
2	- T	Trom 14 Film CERTIFICA	ATE OF DEATH ILER 9 Film	04824
	)1 [	LACE OF DEATH COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution Residence of STATE LAND b. COUNTY TALL	e before odmission) - Bo T
,	1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C CITY OR TOWN III outside corporate limits, write RURAL and g	ive nearest fown)
~)	ľ	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  The next of 19 Hespital	, d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO 2
		NAME OF First Middle  DECEASED Type or print)  Annie  Middle	Themas de	2 5 19 6-/
	\$. 5	EX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED		Doys Hours Min.
	10o	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired)	USTRY 11 BIRTHPLACE (State or foreign country) 00 12 CITIZE  MRRY LAND	EN OF WHAT COUNTRY?
(	13.	SIAMUEL BROWN	H BRRIET Walkins	
	1S Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 1 or unfingern) (If yes, give wor or doles of service)	CARROLL PINKNEY, QU	BEN BUNE
		18. CAUSE OF DEATH [Enter only one couse per line for A (b) and tol.]  PART I DEATH WAS CAUSED BY [MMEDIATE CAUSE to]	Lerennitis	INTERVAL BETWEEN ONSET AND DEATH
		Conditions if any, which) DUE TO Left Oeutle.	salsping of hiter	
		gove rise to immediate couse (a), stating the under- lying cause lost.	- ophoritis	
1	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
-	CERTIFICATION	20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Port I or Part II of (tem 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e P Hour a m. p. m 19 While Not while of yeark at work	PLACE OF INJURY (Home, form, 20f, (City or town) (Coctory, street, office bldg., etc.)	ounty) (State)
		21. I certify that (1) (this tospital) offended the deceased from saw the deceased alive on 11 111119 , and that	deoth accurred a 22 M, from the causes and on the	
		220 SIGNATURE CELLIFE	M.D. ATTENDING MED STAFF 3	April 1961
1		22c PHYS CIAN'S NAME (Type) E. C.H. Schmidt	22d ADDRES Contin, May	lend
	23g	BER AL CREMATION, 236 DATE THEREOF 232 NAME OF CEMETERY REMOVAL (Spacify)	OR CREMATORY 23d LOCATION (City 19wn, or county)	15tole) Geof
	24	ADDRESS STEPHATURE ADDRESS STATE	DATAPR 27'61 Chilms 8.1	NATURE TOURS



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	1	4837 CERTIFICA	ATE OF DEATH	04825
,	0	ACE OF DEATH COUNTY TAIDOT	2. USUAL RESIDENCE (Where deceased lived if institution, Reside a STATE ARYLAND b. COUNTY OUE	EN ANNE'S
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  NAME OF HOSPITAL (If not in hospital give street address)	c. CITY OR JOWN (If outside corporate limits, write RURAL and	give nearest fown]
(	`	OR INSTITUTION BASTON MEMORIAL Hospits	3015. Commerce	YES NO NO
	l [	34	lost birthday) Months	Day Yeor  8 19 6/ R T YEAR IF UNDER 24 HRS Days Hours Min.
	100	USUAL OCCUPATION (Give kind af work done during mast of warking life, even if retired)	JUSTRY 11 BIRTHPLACE (State or foreign country)  EASTON MARKICAND	TIZEN OF WHAT COUNTRY?
	13.	Tames Elmes The mass To	14 MOTHER'S MAIDEN NAME  AND MARCON BOOK	. >
)		VAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.	INFORMANT Address AMES E. Thomeson JR. CENTREL	ME Md
		PART I. DEATH Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last  (c)	PATION 1005 DIARRHEA	INTERVAL BETWEEN ONSET AND DEATH
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE			UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
trap.	CERT F	206 ACCIDENT WAS UNDERLYING TO 206 DESCRIBE HOW INJURY OCCUR! OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION MEDICAL EXAMINER)	RED (Enter nature af injury in Parl I or Port I) of item \(\frac{1}{B}\))	
	MEDICAL	20c TIME OF INJURY Manth, Day, Year   20d INJURY OCCURRED   19   While   Not while   at work   at work	PEACE OF INJURY (Home form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (State)
			death accurred at 186 from the causes and an the	that (1) (we) last me date stated above.
		Monald In Boutely	M.D. PHYS. DE DIRECTOR PHYS.	226 DATE SIGNED
		22c PHYSICIAN'S NAME (Type)	aston, md.	47-61
	230	BURIAL, GREMATION, 236, DATE THEREOF 236, NAME OF CEMETERY SURVEY APRIL 1960 OLD WIFE	OR CREMATORY 23d. LOCATION (City, town, or county)	ARULAND
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LNERAL DRESTOR'S CONTYS TO BELL CONTENTS	MQ 250 REC'D BY REGISTRAR 256 REGISTRAR'S S	



TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 al director, may be retained by the serificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouts the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

may be relained TO FUNERAL DIREC

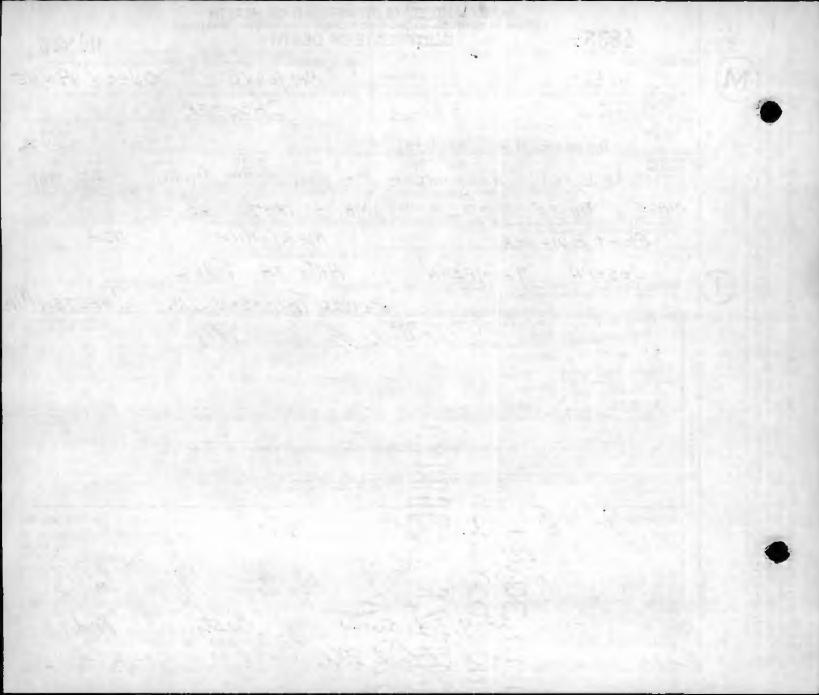
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

V	2.	* .	ch	-
1	14	(	1	6
	1 7	1	Es	63

	1. PLACE OF DEATH  a. COUNTY 7 1 L + MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE				
1	VH DOI	MAKYLAND QUEEN HNNE				
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)				
- 1	EASION 2 CAUS	CHESTER				
2	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?				
V	MemoRiAL Hospital	YES NO X				
	3. NAME OF DECEASED (Type or print) WE MUE! ALEXANDER	I hem boon  A. DATE Month Day Year  DEATH Paric 26 196/				
-		B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths   Days   Haurs   Min.				
	MALE WIDOWED DIVORCED	MAY14-1897 63 vs.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if refired)	STRY 11. BIRTHPLACE (State of foreign country)  NIAR / LAND  12.CITIZEN OF WHAT COUNTRY?  USA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	JOSEPH THOMPSON	ARIETTA TULL				
	(Yes, no, or unknown) (If yes, give war or dates of service)	FORMANT Address M				
	1/5	EMUCL HOMPSON JR. LIVESTERIU				
	PART I. DEATH (Enler only one cause per first for (a), (b), one to the part I. DEATH WAS CAUSED BY:	Interval BETWEEN ONSET AND DEATH				
	Conditions, if any, which ) (b)					
1	gave rise to immediate DUE TO					
-	lying cause last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO				
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to face the street of wark of the street of wark of the street of wark of the street	ACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State) tory, street, affice bldg., etc.)				
	21. I certify that a) (this haspital) mended the deceased from saw the deceased three on 100 and hat deceased three on 100 and	leoth accurred of OM, fram the couses and on the date stated above.				
	220. SIGNATURE COULDS	M.D. PHYS. DIRECTOR DIRECTOR PHYS.				
1	22c PHYSICIAN'S NAME (Type) E-C-H. Schmold!	X 22d. ADDASS atom, Maybush				
1	Bremoval (Specify) APRIL 28 (Woodlaw)	R CREMATORY 23d. LOCATION (City, town, or Jointy) md.				
0	Surface Church Hill My DATE MAY 3 '61 CARLING & KNARA					



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4839

	PLACE OF DEATH O. COUNTY TA/60+ FRSton MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Desidence before admission)  a. COUNTY CAROLOWS  b. COUNTY CAROLOWS					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside Corporate limits, write, RURAL and give nearest town)					
0	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  English Meranagia!	d. STREET ADDRESS  O 5 X O N A FARM? YES NO DY					
	3. NAME OF DECEASED (Type or print) EMM & ELTZIA	WC.19ht DEATH 4 Day YEAR 1961					
	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH SEPT 18, 1893 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.					
	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during most of working life, even if refixed)  # O USEWIFE 140 M. 2	MARRYLAND USA					
1	D. WARNER ILIGNUTT	14. MOTHER'S MAIDEN HAME FRANCES TRICE					
	(Yes, no. or uniferren)   Iff yes also war or dates of service)	vrs. Louise Leager Churlill, led					
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	agestive haart failure anenia. Unka					
Conditions, if any, which gove rise to immediate couse (a), storing the under-lying couse lost.  (b) Chrenic pyelonaphritis and diabetic pying couse lost.  (c) Qlomerules clares is							
)	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES   NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II  OCCUPANTIAL DISEASE CONDITION GIVEN IN PART II  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item IB.)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)							
		LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) actory, street, office bldg., etc.)					
	21. 1 certify that (I) (this haspital) attended the deceased fram.	death/accurred at 2.1%, from the causes and an the date stated above.					
	220. SIGNATURE Robert W. Trever	M.D. ATTENDING MED. STAFF PHYS.   4/6/6/GNED					
	20c. PHYSICIAN'S NAME (Type) Robert W. Trever	22d. ADDRESS 4/6/61 Easton, Maryland					
	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C						
k	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DEN	TUN MODATE ADD 1 0'61					

